

**STATE OF OREGON
WATER WELL REPORT**
(as required by ORS 537.765)

(START CARD) # W 78200
010 2060X3

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number L11-474
Name JOHN DRAKE
Address 25196 ALSTON RD
City RAINIER State OR Zip 97048

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
8	100	160	SEAL OK			CEMENT

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	?	?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4.5	3	160	236	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method DRILL BIT
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
102	177	7/16	80	7/16	4.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35		155	1 hr.

Temperature of water 51 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom TIM LAMMICK
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County COLUMBIA Latitude _____ Longitude _____
Township 7N N or S Range 3W E or W. WM. _____
Section 15 NW 1/4 NW 1/4 _____
Tax Lot 701 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 75883 PRICE RD
RAINIER, OR.

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date 9-30-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
108	111	35	46

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BASALT GREY	100	108	
BASALT BROKEN GREY	108	117	46
BASALT LIGHT GREY	117	160	

RECEIVED

NOV 03 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-29 Completed 9-30-99

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Tim Lammick WWC Number 1624 Date 10-21-99

FOR WATER RESOURCES DEPARTMENT USE ONLY	
Date Postmarked <u>9-29-99</u>	W 78200
Date Hand-delivered _____	WRD Receipt _____
Watermaster Initials _____	Date Fee Received _____

RECEIVED

Check No. _____

START CARD

SEP 30 1999

NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

WATER RESOURCES DEPT SALEM OREGON This notice must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 158 12th St. NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A \$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used to obtain water (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. In addition, the constructor shall provide the "Watermaster Copy" of this notice to the office of the district watermaster within which the well is being constructed, altered, converted or abandoned using one of the following options: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work; or, (b) by hand delivery, during regular office hours, no later than the day work is commenced; or, (c) by FAX no later than the day work is commenced. If this method is used, the original "Watermaster copy" of this notice shall also be mailed or delivered to the office of the district watermaster no later than the day work is commenced. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

(Handwritten initials)

Owner's name and mailing address: JOHN DRAKE
25196 ALSTON
RAINIER, OR. 97048

Check type of work: Fee Required New construction Conversion No Fee Required Alteration (Repair/Recondition) Deepening Abandonment Original Start Card Number 20603

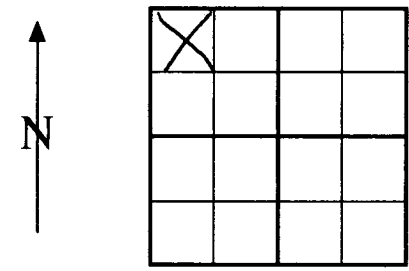
Proposed Commencement Date 9-29-99 Existing or Proposed Well Depth 100 FT Diameter 8"

Check Use: Domestic Public System (Community) Industrial Irrigation Monitoring Thermal Injection Other

Proposed Well Location: County COLUMBIA Owner's Well Id. No. _____

Township 7N (N or S) Range 3W (E or W) Section 15

- NW 1/4 of NW 1/4 of above section
- Street address of well location PRICE RD
- Tax lot number of well location 701
- Attach map with location identified. See reverse of this form for approved maps.
- Show well location within 1/4, 1/4 of section grid at left.



I hereby certify that the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

Tom L. Spahr License No. 1624 Company ROXENWELL WELL DRILLING
 Bonded Water/Monitor Well Constructor

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required. Public Systems require plans to be submitted to and approved by the Oregon Health Division prior to construction.

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM