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

(START CARD) # 80392

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

(1) OWNER: MIKE URBAN Well Number: _____ OREGON DEPT. _____
 Name MIKE URBAN
 Address 10851 S POWELL BUTTE HWY
 City POWELL BUTTE State OR Zip 97252

LOCATION OF WELL by legal description:
 County CRANK Latitude _____ Longitude _____
 Township 16 N or S Range 14 E or W. WM.
 Section 3 NW 1/4 NW 1/4
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) POWELL BUTTE HWY

(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 590 ft.
 Explosives used Yes No Type _____ Amount _____

(10) STATIC WATER LEVEL:
502 ft. below land surface. Date 8/21/95
 Artesian pressure 0 lb. per square inch. Date 8/21/95

(11) WATER BEARING ZONES:
 Depth at which water was first found 505'

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	32	BENTONITE	0	32	19 SACKS
8"	32	590				

From	To	Estimated Flow Rate	SWL
505	507	5 gpm	502
535	542	25 gpm	502
561	564	25 gpm	502

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

(12) WELL LOG:
 Ground Elevation _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	39	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	10	590		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Material	From	To	SWL
SAND + BOULDER	0	25	
SANDSTONE	25	74	
MEDIUM LAVA	74	168	
BROWN SANDSTONE	168	415	
MEDIUM LAVA	415	471	
BROWN SANDSTONE	471	506	
YELLOW SANDSTONE	506	590	502
CONGLOMERATE			

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size #	Number	Diameter	Tele/pipe size	Casing	Liner
510	570	7/8	720	6" R 1/4	6" 168	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date started 8/18/95 Completed 8/21/95

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
50+ gpm	0	570	1 hr.

Pump Bailer Air Flowing Artesian

(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.

Temperature of water 76° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

WWC Number _____
 Signed _____ 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.