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WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

CCDD 50170

L03825

(START CARD) # 93531

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

(1) OWNER: Well Number 1

Name DAN GIBSON

Address HC 66 BOX 658

City CASCADE LOCKS State OR Zip 97014

(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 855 ft.

Explosives used ☐ Yes ☒ No Type — Amount —

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12	0	38	BENTONITE	0	38	36 SACKS
8	38	855				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other POURED DOWN DRY

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:	6	+2	36	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6	16	856	.188	☒	☐	☒	☐
					☐	☐	☐	☐

Final location of shoe(s) NO SHOE USED

(7) PERFORATIONS/SCREENS:

☒ Perforations Method MACHINE CUT

☐ Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
756	776	1/8x4	240	6	—	☐	☒
816	836	11	240	6	—	☐	☒
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15	—	854	1 hr.

Temperature of water 48 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: ____

(9) LOCATION OF WELL by legal description:

County CROOK Latitude ____ Longitude ____

Township 15 N or ☒ S Range 16 ☒ E or W. WM.

Section 4 NE 1/4 SW 1/4

Tax Lot 2400 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) 3180 SE PAULINA HW PRINEVILLE OR 97754

(10) STATIC WATER LEVEL:

383 ft. below land surface. Date 10-29-96

Artesian pressure — lb. per square inch. Date —

(11) WATER BEARING ZONES:

Depth at which water was first found 390

From	To	Estimated Flow Rate	SWL
390	420	1 GPM	383
730	848	20+ GPM	383

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
SANDY SOIL & GRAVELS	0	20	
BROWN GRAVEL CONG	20	36	
GREY LAVA	36	68	
BROWN LAVA	68	75	
GREY LAVA	75	100	
TAN CLAY CONG	100	220	
BLUE CLAYSTONE CONG	220	265	
GREY CLAYSTONE CONG	265	320	
BLUE CLAYSTONE CONG	320	380	
REDISH BROWN CONG	380	390	
BLUE GREEN CLAYSTONE	390	420	383
REDISH BROWN CONG	420	480	
BLUE CLAYSTONE CONG	480	550	
REDISH BROWN CONG	550	620	
GREY CLAYSTONE CONG	620	650	
REDISH BROWN CONG	650	720	
BLUE GREY CLAYSTONE	720	730	
BLUE GREEN CLAYSTONE	730	848	383
GREY CLAYSTONE CONG	848	855	

Date started 10-21-96 Completed 10-29-96

(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.

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.

WWC Number 1556

Signed David Bartell Date 10-30-96

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER