

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

WATER RESOURCES DEPT.

SALEM, OREGON

(START CARD) # 93529

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

(1) OWNER: Well Number 1
Name WAYNE SINGHOSE
Address 62500 COUNTY LINE RD
City BELO State OR Zip 97701

(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 TEST

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 745 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or pounds
12 0 44 BENTONITE 0 44 30 SACKS
8 44 70

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other HOLE PLUG - POURED DOWN
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 42 45 250 ☒ ☐ ☐ ☐
Liner: _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Final location of shoe(s) NO SHOE USED
(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
20+ - 710 1 hr.

Temperature of water 54° 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 17 N or S Range 15 E or W. WM.
Section 30 NW 1/4 NW 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 62500
COUNTY LINE RD

(10) STATIC WATER LEVEL:
612 ft. below land surface. Date 11-20-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 3

From	To	Estimated Flow Rate	SWL
<u>3</u>	<u>38</u>	<u>30+ GPM</u>	<u>3</u>
<u>630</u>	<u>660</u>	<u>30+ GPM</u>	<u>612</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>SANDY TOP SOIL</u>	<u>0</u>	<u>3</u>	
<u>BROWN SANDS & GRAVEL</u>	<u>3</u>	<u>38</u>	<u>3</u>
<u>GREY LAVA</u>	<u>38</u>	<u>55</u>	
<u>VESICULAR LAVA</u>	<u>55</u>	<u>75</u>	
<u>GREY LAVA</u>	<u>75</u>	<u>120</u>	
<u>BROWN LAVA</u>	<u>120</u>	<u>200</u>	
<u>RED CINDERS</u>	<u>200</u>	<u>215</u>	
<u>BROWN LAVA</u>	<u>215</u>	<u>295</u>	
<u>GREY LAVA</u>	<u>295</u>	<u>350</u>	
<u>BROWN LAVA & CINDERS</u>	<u>350</u>	<u>500</u>	
<u>TAN LAVA CONG.</u>	<u>500</u>	<u>585</u>	
<u>FRACTURED LAVA</u>	<u>585</u>	<u>630</u>	
<u>FRACTURED BASALT</u>	<u>630</u>	<u>660</u>	<u>612</u>
<u>TAN SANDSTONE CONG.</u>	<u>660</u>	<u>710</u>	
<u>FRACTURED BASALT</u>	<u>710</u>	<u>790</u>	

Date started 10-14-96 Completed 11-20-96

(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 Dave Santell Date 11-25-96