

MAY 29 1998

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

WATER RESOURCES DEPT
form SALEM, OREGON

WELL I.D. # L 21749
START CARD # 11118

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

(1) OWNER: Well Number #1
Name GOLD LEAF INVESTMENTS
Address P.O. Box 1330
City SCAPPOOSE State OR. Zip 97056

(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 300' ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	38	Bentolite	0	38	37
12	38	200				
8	38	300				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other DOUBLED 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:	8	+2	38	250	☒	☐	☒	☐	
					☐	☐	☐	☐	
					☐	☐	☐	☐	
					☐	☐	☐	☐	
					☐	☐	☐	☐	
Liner:	6"	-15	320	250	☒	☒	☐	☐	
					☐	☐	☐	☐	

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Lines
260	320	1/8	100	6		☐	☐
						☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
100+	-0-	300	2 1 hr.

Temperature of water 55 Depth Artesian Flow Found -0-

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 16S N or S Range 16E E or W. WM.
Section 12 SE 1/4 SW 1/4
Tax Lot 100 Lot # 2 Block _____ Subdivision _____

Street Address of Well (or nearest address) Juniper Canyon
Upper Davis Junction

(10) **STATIC WATER LEVEL:**
240' ft. below land surface. Date 5-22-98
 Artesian pressure -0- lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 260'

From	To	Estimated Flow Rate	SWL
260	285	100 +	240

(12) WELL LOG:
Ground Elevation _____

[illegible]

Date started 5-20-98 Completed 5-22-98

(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.

Signed David R. Jones WWC Number 9677
Date 5-27-98