

Crook 50614 Amendment corrected copy 11-4-98

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

WELL I.D. # L 23666
START CARD # 94027

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

(1) OWNER: Well Number _____
Name Avion Water Co. Inc.
Address 60813 Parrell Rd.
City Bend State Ore. Zip 97702

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

HOLE SEAL
Diameter From To Material From To Sacks or pounds
undisturbed
8" 0 700'

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other n.a.

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: undisturbed
Liner: no liner

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☐ Perforations Method n.a.
☐ 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 Artesian
Yield gal/min Drawdown Drill stem at Time
25+ unknown 700' 1 hr.

Temperature of water 62 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 15S N or S Range 14E E or W. WM.
Section 36 SE 1/4 NE 1/4
Tax Lot 3660 Lot 7 Block 7 Subdivision _____
Street Address of Well (or nearest address) S. Pokeqama

(10) STATIC WATER LEVEL:
410 ft. below land surface. Date 7-13-93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 410'

From	To	Estimated Flow Rate	SWL
410	590	25+	410

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
cement	0	30'	
brwn s.s. congl	30'	60'	
gray lava soft	60'	75'	
brwn s.s. congl	75'	90'	
brwn congl	90'	131'	
brwn s.s. congl	131'	330'	
brwn congl-shale	330'	440'	410'
green & brwn claystone	440'	560'	
gray congl green clay	560'	590'	
brkn rock, brwn s.s.	590'	630'	
brkn s.s. congl	630'	700'	
this well was originally drilled by Orvial Buckner #608 8-9-78			
RECEIVED			
NOV 10 1998			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 7-13-93 Completed 7-13-93

(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 1653
Signed _____ Date 1-20-93

RECEIVED

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L. 23666
START CARD # 94027

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City Bend State Ore. Zip 97702

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☐ New Well ☐ Deepening ☒ Alteration (repair/recondition) ☐ Abandonment

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(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 700 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
8"	0	700'	undisturbed			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other n.a.

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: undisturbed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: no liner				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method n.a.
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
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Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Crook Latitude _____ Longitude _____
Township 15S N or S Range 14E E or W. WM.
Section 36 SE 1/4 NE 1/4
Tax Lot 2900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
S. Pokegama

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this well was originally drilled by Orvial Buckner #608 8-9-78			

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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 1658

Signed *John Skille* Date 7-20-98