

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

CROOK
 50672

WELL I.D.# 23666

(START CARD) # 102276

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	+1	650	.188	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
610'	570'	1/8x3/8	472	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
430'	470'	1/8x3/8	472	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15+	0		1 hr.

Temperature of water 73 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 2900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
S Pokegama

(10) STATIC WATER LEVEL:
410 ft. below land surface. Date 8-6-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found N.A.

From	To	Estimated Flow Rate	SWL
410'	590'	15+	410'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Well was redrilled			410
S.C.# 94027	7-13-98		
Big Three was hired to install liner from 0 to 650'			

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 AUG 18 1998
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8-6-98 Completed 8-12-98

(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.
 WWC Number 1658
 Signed [Signature] Date 8-13-98