CROO 51897

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

Croo 51897

WELL I.D. # L 20238
START CARD # 107556

(1) OWNER: Well Number _____
Name Jon Hughley
Address 280 NW 29th
City Redmond State OR Zip 97756

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:
[X] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger
[ ] Other _____

(4) PROPOSED USE:
[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 90 ft.
Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	20	Bentonite	0	20	8 Sacks
6"	20	90				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other Tremie Pipe
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"	1+	75'	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) none.

(7) PERFORATIONS/SCREENS:
[X] Perforations Method Cutting torch
[ ] Screens Type — Material —

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
65	75	1/16x6	40	6"		[X]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40	0		1 hr.

Temperature of water 56° 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 14 N or (S) Range 15 (E) or W. WM.
Section 35 SE 1/4 NW 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Approx 2 mi out on 1 Hwy on left

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 5/2/02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 85'

From	To	Estimated Flow Rate	SWL
85	90	40	10

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown Clay	2	35	
Grey Clay	35	85	
Broken Blue Grey Claystone	85	90	10

RECEIVED
MAY 2 7 2002
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
JUN 0 9 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date started 4/29/02 Completed 5/1/02

(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 [signature] Date 5/10/02

(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 444
Signed [signature] Date 5/10/02

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