

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

WELL I.D. # L 71629
START CARD # 155533

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

(1) OWNER: Well Number 1190
Name Fred Moore #4
Address P.O. Box 276
City Fox State OR Zip 97831

(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 505 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
12	0	25 1/2	Bentonite	0	25 1/2
8	25 1/2	505			

Sealer pounds 15

How was seal placed: Method A B C D E
 Other Poured in 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"	+1 1/2	25 1/2	2SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	+2 1/2	297 1/2	18X	<input checked="" type="checkbox"/>	<input 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
297 1/2	297 1/2	35 1/2	1100	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
28	unknown	505	1 hr.

Temperature of water 58° 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 16 N or (S) Range 17 (E) or W. WM. _____
Section 29 SE 1/4 SE 1/4
Tax Lot 2801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Golden Eagle Dr.
No Number Address

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 9/10/04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 190

From	To	Estimated Flow Rate	SWL
190	250	28	50

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Hard Sand Stone	3	10	
Hard Red clay stone	10	180	
Soft White clay stone	180	190	50
Hard Red & Green clay stone	190	250	
Hard Red Clay Stone	250	358	
Soft Brown & Green Basalt	358	416	
Hard Grey & Green Basalt	416	505	

Date started 9/09/04 Completed 9/10/04

(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.

Signed David H. Delahunt WWC Number 1583
Date 9/10/04

(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 M. Whit WWC Number 584
Date 9-14-04