

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

CROO 52449

CROO

Received Date: 03-14-2005

Well ID Tag # L 73263

Start Card # 169978

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

(1) Owner Well Number: _____
 Name: **JOHN GIORGI**
 Street: **PO BOX 116**
 City: **GAZELLE** State: **CA** Zip Code: **96034**

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: **403.00 ft.**
 Explosives Used: Amount: _____ Type: _____

Diameter	Hole		Mtrl	Seal		Sacks/lbs
	From	To		From	To	
21.00	0.00	115.00	BC	0.00	45.00	72
14.75	115.00	403.00	CE	45.00	115.00	105

 How was seal placed? **C** Other: **POURED DRY**
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	16.00	2.00	115.00	.250	S	X			
L	12.00	-13.00	403.00	.188	S	X			

(7) Perforation / Screens
 Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Csng/ Lnr	Method
S	303.00	403.00	0.13	3.00	2280	12.00		L	MACHINE

 Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	1000.00	G		403.00	1.00
P	850.00	G	4.00		2.00
P	1000.00	G	5.00		4.00

 Temperature of Water: **53 F**
 Was water analysis done? Depth of artesian flow: _____
 by whom?
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: **CROO** Latitude: **44°7'2"** Longitude: **119°56'15"**
 Township: **17.00 S** Range: **23.00 E**
 Section: **11 NENW** Lot: _____ Block: _____
 Tax Lot: **203** Subdivision: _____
 Street Address of Well (or nearest address):
71200 SE PAULINA HWY PAULINA
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: **167.0** Date: **02 / 28 / 2005**
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: **280.00 ft.**

From	To	est Flow	swl
280.00	403.00	1000.00	167

(12) Well Log Ground Elevation: **3833 ft.**

Material	From	To	swl
SAND PUMICE	0.00	2.00	
GRAY CLAY SAND	2.00	8.00	
SANDSTONE BLACK	8.00	50.00	
SAND SILT	50.00	60.00	
CLAY BROWN SOFT	60.00	108.00	
CLAYSTONE BROWN	108.00	150.00	
CLAY BROWN SOFT	150.00	180.00	
SANDSTONE RED BROWN	180.00	200.00	
SANDSTONE GRAY	200.00	212.00	
CLAYSTONE GRAY	212.00	225.00	
BASALT GRAY CLAY	225.00	255.00	
BASALT BLACK	255.00	280.00	
BASALT RED CLAY SEAMS	280.00	292.00	167
BASALT FRACTURED	292.00	403.00	167

Date Started: **01 / 24 / 2005** Date Completed: **02 / 28 / 2005**

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: **THOMAS R PECK** WWC #: **758**

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: **JACK ABBAS** WWC #: **1720**
ABBAS WELL DRILLING CO Phone: **541-548-2787**

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 Special Standards: Depth of completed well: _____
 Explosives Used: Amount: _____ Type: _____
 Hole Seal

Diameter	From	To	Mtrl	From	To	Sacks/lbs

 How was seal placed? _____ Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner
 Csng/ _____ Shoe _____
 Liner Diameter From To Gauge Mtrl Weld Thrd at used

(7) Perforation / Screens
 Perforations: _____ Csng/ _____

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Lnr	Method

 Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
P	1500.00	G	8.00		1.00

 Temperature of Water: _____
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: _____ Latitude: _____ Longitude: _____
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From	To	est Flow	swl

(12) Well Log Ground Elevation: _____

Material	From	To	swl

 Date Started: _____ Date Completed: _____

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