

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

WELL I.D. # L 86831
START CARD # 183825

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

(1) LAND OWNER Well Number
Name David Christensen
Address 64546 Island Rd
City Drum Island State OR Zip 97054

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 202 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
24"	0	39	Bent	0	39	96 Sacks
16"	39	202				

How was seal placed: Method A B C D E
 Other 3/8 hole pump
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel				Plastic				Welded				Threaded			
					□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	16"	71	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem at	Time
500		202	hr 1

Temperature of water 48° Depth of 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 (legal description)
County Crook
Tax Lot 500 Lot _____
Township 20 N or S Range 20 E or W WM
Section 3 SE 1/4 SE 1/4

Lat _____° _____' _____" or _____ (degrees or decimal)
Long _____° _____' _____" or _____ (degrees or decimal)

Street Address of Well (or nearest address) no address assigned

(10) STATIC WATER LEVEL
66' ft. below land surface. Date 6-10-07
66' ft. below land surface. Date 6-10-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
65	202	500	

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOP soil	0	2	
Brown clay soil	2	75	
Brown clay sand	75	100	
White clay Plinica	100	135	
Brown clay	135	180	
Gravel and Plinica	180	202	

RECEIVED

MAR 04 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 6-22-07 Completed 6-12-07

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 1654 Date 6-27-07

Signed _____

WATER RESOURCES DEPT

SALEM, OREGON

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

WELL I.D. # L 86831 START CARD # 183825

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

(1) LAND OWNER Name David Christensen Address 64546 Island Rd City DEER ISLAND State OR Zip 97054

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration [] Abandonment [] Conversion

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: [] Yes [X] No Depth of Completed Well 202 ft. Explosives used: [] Yes [X] No Type Amount

Table with columns: BORE HOLE (Diameter, From, To), SEAL (Material, From, To), Sacks or Pounds. Includes handwritten entries for 24" and 16" diameters.

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other 3/8 hole mud Backfill placed from 0 ft. to 39 ft. Material Gravel placed from 39 ft. to 202 ft. Size of gravel

(6) CASING/LINER Diameter 16" From 0 To 39 Gauge 250 Steel [X] Plastic [] Welded [] Threaded [] Liner: Drive Shoe used [] Inside [] Outside [] None Final location of shoe(s)

(7) PERFORATIONS/SCREENS Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes handwritten checkmarks.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailor [X] Air [] Flowing Artesian Yield gal/min 500 Drawdown Drill stem at 202 Time 60 min Temperature of water 49° Depth Artesian Flow Found

Was a water analysis done? [] Yes By whom [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL (legal description) County Crook Tax Lot 500 Lot Township 20 N or S Range 20 E or W WM Section 3 SE 1/4 SE 1/4

Lat Long Street Address of Well (or nearest address) no address a 551 gravel

(10) STATIC WATER LEVEL 66 ft. below land surface. Date 6-10-07 66' ft. below land surface. Date 6-10-07 Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entries for 65 to 202.

(12) WELL LOG Table with columns: Material, From, To, SWL. Includes handwritten entries for soil, sand, gravel, and pipe materials.

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Date Started 6-12-07 Completed 6-12-07

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

WWC Number Date Signed

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

WWC Number 1654 Date 6-27-07 Signed