

AMENDMENT TO 1ST WELL REPORT

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

WELL I.D. # L25034
START CARD # 115444

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

(1) OWNER: Well Number 091098
Name BLM

Address 1300 AIRPORT LN
City NORTH BEND State OR Zip 97459

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	23'	CEMENT	0	23'	10 SACKS
6"	23'	63'				

How was seal placed: Method A B C D E
 Other _____
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"	+5'	50'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type TELESCOPIC Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50'	60'	.020			6	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
11.6	30'		24 hr.
8.6	22'		24 hr.

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom BLM
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 CURRY Latitude _____ Longitude _____
Township 32 N or S Range 14 E or W. WM.
Section 6 SW 1/4 SW 1/4
Tax Lot N/A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) EDSON CREEK
STATE PARK - 4 MILES UP SIXES RIVER

(10) STATIC WATER LEVEL:
18' ft. below land surface. Date 9-18-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 17'

From	To	Estimated Flow Rate	SWL
17'	23'	12 GPM	12'
28'	63'	10 GPM	18'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL + ROAD GRAVEL	0	5	
SANDY SOIL DARK BROWN	5	10	
BROWN CLAY WITH SANDSTONE	10	23	12'
LEWIS'S + SM GRAVEL SHARP			
GRAY + BROWN CLAY	23	28	
MED GRAVEL - W/ XZD - QUARTZ	28	30	16'
COARSE SAND GRAY	30	35	16'
COARSE SAND BROWN AND			
SM + MED BOUND GRAVEL	35	60	18'

Date started 9-10-98 Completed 9-21-98
(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.
WVC 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.
WVC Number 1647
Signed COLEMAN Date 11-12-98

Curr
20406

10 # 225034

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 115444

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Name BLM
Address 1300 AIRPORT LN
City NORTHBEND State OR Zip 97115

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 Other

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 Thermal Injection Livestock Other

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Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0'	23'	BCRYONITE	0	23	10	
6"	23	63					

How was seal placed: Method A B C D E
 Other _____

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"	0'	5'	50	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Type		Material		Casing		Liner	
From	To	Slot size	Number	Diameter	Telephone size	6"					
50'	60'	0.20			6"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump	Bailer	Air	Flowing Artesian
Yield gal/min	Drawdown	Drift stem at	Time
11.6	30'		24 min
8.6	22'		

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom BLM
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

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LOOSE + SM GRAVEL SHARP	23	28	
GRAY + BROWN CLAY	28	30	16'
MED GRAVEL + WOOD + QUARTZ	30	35	16'
SANDY GRAY CLAY	35	60	18'
COARSE SAND BROWN AND			
SM + MED BOUND GRAVEL			

RECEIVED

NOV 04 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-10-98 Completed 9-24-98

(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.
Signed _____ WWC Number _____ 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.
Signed Clifford WWC Number 1647 Date 10-15-98