

CURR
50565

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

WELL I.D. # 128424
START CARD # 126997

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

(1) OWNER: Well Number _____
Name Singing Springs Resort Inc.
Address P.O. Box 68
City Agness State Or Zip 97406

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	20	Bent.	0	19	8
6"	20	140				

How was seal placed: Method A B C D E
 Other poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Diameter	From	To	Gauge	Steel				Plastic	Welded	Threaded
				Steel	Plastic	Welded	Threaded			
Casing: 6"	+1	46	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liner: 4"	-5	140		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:
 Perforations Method Perforator
 Screens Type _____ Material _____
From 39' To 46' Slot size 1" Number 2 row Diameter 1/2" Tele/pipe size _____ Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
Temperature of water 48 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 Curry Latitude _____ Longitude _____
Township 35S N or S Range 11W E or W. WM. _____
Section 7 C 1/4 A 1/4 _____
Tax Lot 304 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Old Agness Rd
Agness, Oregon

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 10/6/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
42'	46'	20	40

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Sandy Soil	0	7	
Med Black Claystone	7	39	
River Rock Sand & Gravel	39	45	
Black Claystone & Sandstone	45	140	40

Date started 10/6/99 Completed 10/6/99

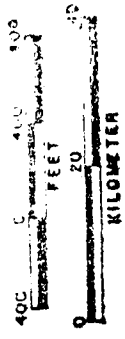
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and 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 709
Signed _____ Date 10/12/99

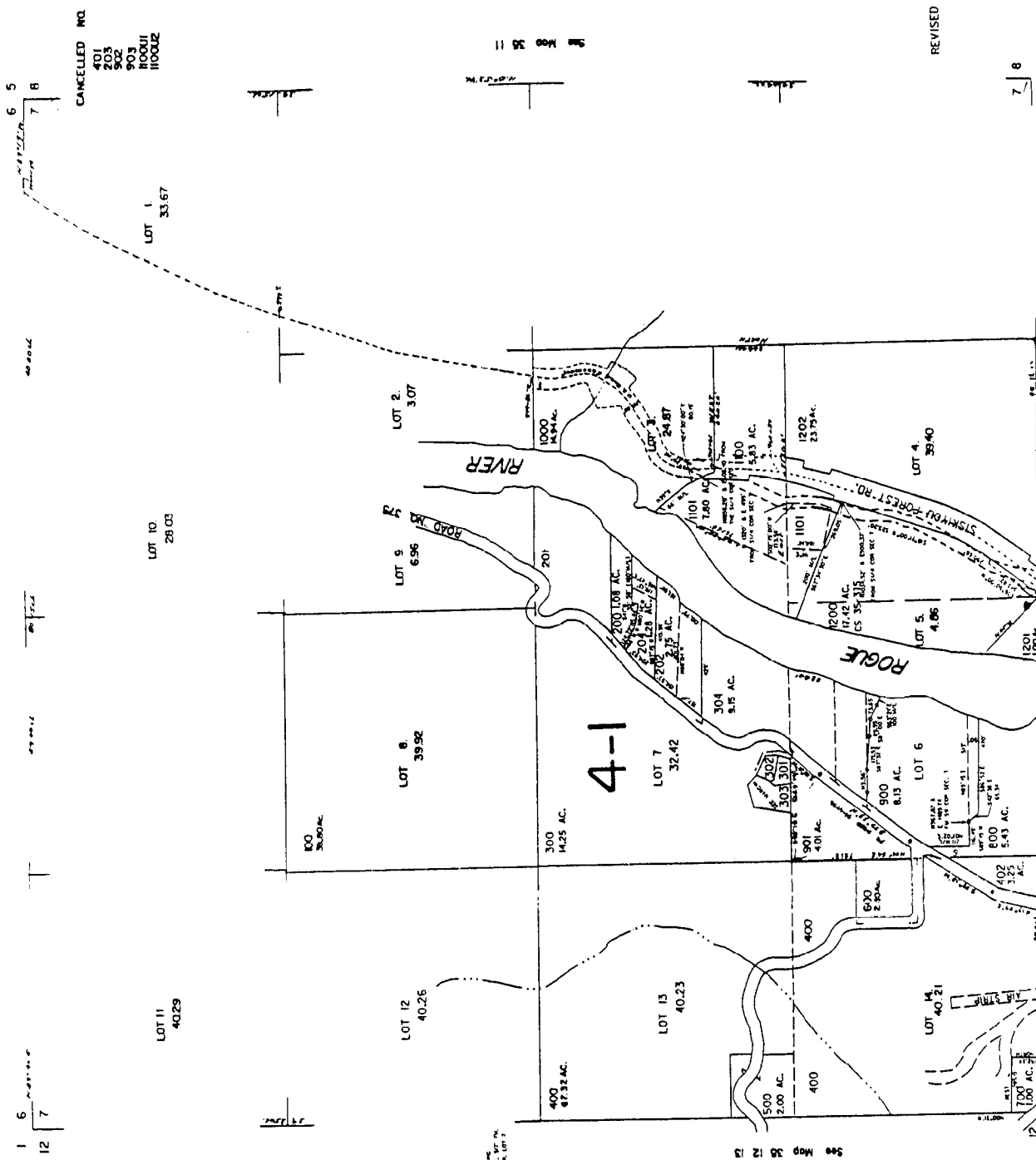
SECTION 7 - .35S. R.11W. W.M.
CU COUNTY

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SCALE 1"=9600'



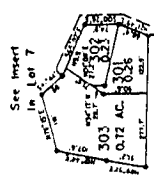
See Map 35 11



RECEIVED

NOV 17 1999

WATER RESOURCES DEPT.
SALEM, OREGON



1"=200'

RECEIVED

OCT 14 1999

WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED

JAN 28 1998
DEPT. OF REVENUE
SALEM, OREGON

REVISED 6-24-98, RA