*This is a corrected well to the original sent back on 8-23-99
The 3 marked circled items are now corrected. 12-19-99

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

DESC 52599

WELL I.D. # L 23705
START CARD # 102310

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

(1) OWNER: Well Number ____
Name Bill + Sharon Arbeiter
Address 21337 GIFT PLACE
City BEND State OR Zip 97701

(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 550 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	39	Bentonite	0	39	23 sacks
8"	39	550				

How was seal placed: Method ☐A ☐B ☐C ☐D ☐E
☒ Other Poured
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"	+3	39	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6"	-6	550	.188	☒	☐	☒	☐
					☐	☐	☐	☐

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
550	530	1/8x3	236	6"		☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50+	0	550	1 hr.

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WATER RESOURCES DEPT
SALEM, OREGON

Temperature of water 52 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 Desc Latitude ____ Longitude ____
Township 16 S N or S Range 12 E E or W. WM.
Section 14 NE 1/4 SW 1/4
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____
21337 GIFT PLACE

(10) STATIC WATER LEVEL:
480 ft. below land surface. Date 8-4-99
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 500-

From	To	Estimated Flow Rate	SWL
500-	550-	50 gpm	480

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Sandy Soil	0	1	
Gray lava	1	16	
Brn rock congl	16	32	
Fractured rock congl	32	47	
Gray lava	47	71	
Fractured gray lava	71	84	
Crevis - void	84	86	
Red cinder congl+brn dry	86	95	
Brkn rock - crevis N.R.	95	104	
Brkn gray lava	104	136	
Brkn rock - crevis N.R.	136	240	
Red Cinder Congl	240	290	
Brn SS congl + brn clay	290	345	
Brkn brn rock + brn clay	345	508	480
Brkn Gray lava	508	550	

Date started 7-22-99 Completed 8-5-99

(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.
WWC Number Trainee
Signed [signature] Date 12-19-99

(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.
WWC Number ____
Signed ____ Date ____

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

DESC
52599

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AUG 30 1999

WATER RESOURCES DEPT.
SALEM, OREGON

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

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

WELL I.D. # L 23705
START CARD # 102310

(1) OWNER: Well Number _____
Name Bill + Sharon Arbeiter
Address 21337 GIFT PLACE
City BEND State OR Zip 97701

(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: 550
Special Construction approval ☐ Yes ☒ No Depth of Completed Well [redacted] ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12"	0	39	Bentonite	0	39	23 sacks
8"	39	508				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED
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	39	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6"	-6	508	.188	☒	☐	☒	☐
					☐	☐	☐	☐

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
488	508	1/16" 3"	236	6"		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	0	550	1 hr.

Temperature of water 52 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 Desc Latitude _____ Longitude _____
Township 16 S N or S Range 12 E E or W. WM.
Section 14 NE 1/4 SW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
21337 Gift Place

(10) STATIC WATER LEVEL:
480 ft. below land surface. Date 8-4-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 500'

From	To	Estimated Flow Rate	SWL
500	550	50 gpm	480

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy Soil	0	1	
Gray lava	1	16	
Brn rock congl.	16	32	
Gray lava	32	47	
Brkn rock congl	47	71	
Fract gray lava	71	84	
Crevis - void	84	86	
red cinder congl + brn clay	86	95	
Brkn rock - crevis w.r.	95	104	
Brkn gray lava	104	136	
Crevis - brkn rock w.r.	136	240	
Red cinder congl	240	290	
Brn ss congl + brn clay	290	345	
Brkn brn rock + brn clay	345	508	480
Brkn Gray lava	508	550	

Date started 7-22-99 Completed 8-5-99

(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.

Signed Mark Kinford WWC Number Trainee Date 8-23-99

(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 John Skidmore WWC Number 1658 Date 8-23-99

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER