

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 425 86
START CARD # 13343 8

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

(1) OWNER: Well Number _____
Name Roger Steen
Address 19725 SE Henke Rd
City Boring State Or. Zip 97009

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
<u>12</u>	<u>0</u>	<u>185</u>	<u>Bentonite</u>	<u>0</u>	<u>185</u>	<u>10 sacks</u>	
<u>8</u>	<u>185</u>	<u>280</u>					

How was seal placed: Method A B C D E
 Other Poured in Dry

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: <u>8</u>	<u>115</u>	<u>185</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6</u>	<u>10</u>	<u>280</u>	<u>188</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
<u>260</u>	<u>280</u>	<u>1/4</u>	<u>228</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>30+</u>	<u>0</u>	<u>275</u>	<u>1 hr</u>

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 Desch. Latitude _____ Longitude _____
Township 15 N or S Range 11 or W. WM.
Section 34B NE 1/4 11 1/4
Tax Lot 100 Lot _____ Block Fryman Subdivision Ranch
Street Address of Well (or nearest address) Rd. Sister Ore.

(10) STATIC WATER LEVEL:
220 ft. below land surface. Date 10-3-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 239

From	To	Estimated Flow Rate	SWL
<u>239</u>	<u>280</u>	<u>30+</u>	<u>220</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>Lava</u>	<u>2</u>	<u>34</u>	
<u>Brown sand stone</u>	<u>34</u>	<u>48</u>	
<u>Basalt</u>	<u>48</u>	<u>99</u>	
<u>Red cinders</u>	<u>99</u>	<u>122</u>	
<u>Basalt</u>	<u>122</u>	<u>239</u>	<u>220</u>
<u>W.B. Brackey Lava</u>	<u>239</u>	<u>280</u>	

RECEIVED
OCT 06 2000
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-3-00 Completed 10-3-00

(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 Helper WWC Number _____ Date 10-3-00

(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 Doug Allen WWC Number 1253 Date 10-3-00