

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

WELL ID. # L 63504
 START CARD # 156485

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

(1) LAND OWNER Well Number _____
 Name KEVIN MARKS
 Address PO BOX 1826
 City SISTERS State OR Zip 97759

(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 215 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>26 1/2</u>	<u>BE</u>	<u>0</u>	<u>26 1/2</u>	<u>11 SACKS</u>
<u>8</u>	<u>26 1/2</u>	<u>215</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>11 1/2</u>	<u>26 1/2</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6</u>	<u>-8</u>	<u>215</u>	<u>.188</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 8" @ 26 1/2

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>188</u>	<u>208</u>	<u>1/8 x 1/4</u>	<u>256</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>25+</u>	<u>0</u>	<u>210</u>	<u>1 hr</u>

Pump Bailer Air Artesian

Temperature of water 63° 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 14 N or S Range 10 E or W. WM.
 Section 34 NW 1/4 NW 1/4
 Tax Lot 2000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 16025 FOREHILL LN.

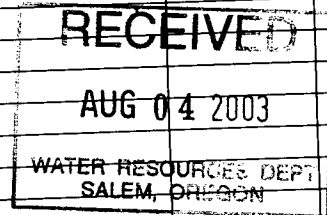
(10) STATIC WATER LEVEL:
181 ft. below land surface. Date 7-30-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 164

From	To	Estimated Flow Rate	SWL
<u>164</u>	<u>215</u>	<u>25+</u>	<u>181</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>9</u>	
<u>BROKEN BRN LAVA</u>	<u>9</u>	<u>21</u>	
<u>HARD GREY LAVA</u>	<u>21</u>	<u>164</u>	
<u>W.B. BROWN CINDEES</u>	<u>164</u>	<u>215</u>	<u>181</u>



Date started 7-29-03 Completed 7-30-03
 (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 Jim Shuman WWC Number _____ Date 7-30-03
 (HELPER)

(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 1255 Date 7-30-03