

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.

(1) LAND OWNER DAVID SWENSON Well Number _____
 Name DAVID SWENSON
 Address PO Box 1985
 City Sisters State OR Zip 97259

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
12"	0 18	Bentonite	0 18	10	SACKS
8"	18 352				

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: <u>18"</u>	<u>+2</u>	<u>-18</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6"</u>	<u>-12</u>	<u>352</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) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>332</u>	<u>352</u>	<u>3/16"</u>	<u>1</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>28+</u>	<u>0</u>	<u>320</u>	<u>1 hr.</u>

Temperature of water 54 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: _____

Desc 55988 WELL I.D. # L 69049
 START CARD # 157599
 County Desch Latitude _____ Longitude _____
 Township 14 S N or S Range 10 E E or W. WM.
 Section 26 B SW 1/4 NE 1/4
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 16425 Marmott Ln Sisters OR

(10) STATIC WATER LEVEL:
260 ft. below land surface. Date 4-27-04
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found -283

From	To	Estimated Flow Rate	SWL
<u>260</u>	<u>352</u>	<u>30+</u>	<u>260</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>gray Lava Rock</u>	<u>0</u>	<u>21</u>	
<u>Brkn N/R</u>	<u>21</u>	<u>30</u>	
<u>gray LAVA</u>	<u>30</u>	<u>40</u>	
<u>Brkn Rock Congl</u>	<u>40</u>	<u>80</u>	
<u>Fract gray LAVA</u>	<u>80</u>	<u>85</u>	
<u>Brn SS</u>	<u>85</u>	<u>271</u>	<u>260</u>
<u>Fract gray LAVA</u>	<u>271</u>	<u>294</u>	
<u>Red Cinder Congl</u>	<u>294</u>	<u>352</u>	

RECEIVED	RECEIVED
MAY 03 2004	MAY 19 2004
WATER RESOURCES DEPT SALEM, OREGON	WATER RESOURCES DEPT SALEM, OREGON

Date started 4-26-04 Completed 4-27-04

(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 _____
 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.

WWC Number 1568
 Signed David Swenson Date 4-27-04