

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

DESC
 56266

RECEIVED

DEC 14 1987

185/2E-18aa

(1) OWNER:

Name Roats Water Co.
 Address 61147 Hamilton Ln.
 City Bend, State OR Zip 97702

WATER RESOURCES DEPARTMENT
 Well Number: SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Des. Latitude _____ Longitude _____
 Township 18 N or S, Range 12 E or W, WM. _____
 Section 18 NE ¼ NE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 80 ft.
 Explosives used Yes No Type Dynamite Amount 1/4 stick
 (used in fish job)

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10 1/2"	0	80	cem.	-4	30	49
12"	80	160	cem.	70	80	20
8"	160	450				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 30 ft. to 70 ft. Material impermeable
 Gravel placed from 405 ft. to 450 ft. Size of gravel cuttings

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	12	2	80	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
(UNKNOWN DUE TO LACK OF CIRCULATION).			1 hr.

Temperature of water _____ 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: _____

(10) STATIC WATER LEVEL:

405 ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 405

From	To	Estimated Flow Rate	SWL
405	450	Unknown	405

SWL determined by air pressure gauge test.

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Pumice & Sand	0	-4	
Boulders & Broken Lava	4	15	
Grey Basalt	15	35	
broken Grey Lava	35	69	
Grey Basalt	69	109	
Broken Grey Lava	109	160	
Fracture - loss of circulation	160	450	405
Hole was cemented back to a depth of 80 ft. to seal loose fractured material.			
Workover rig was moved from job site without			

Date started 5/22/87 Completed my knowledge.

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed John R. Brockett WWC Number 1371
 Date Dec. 9/87

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed John R. Brockett WWC Number 1371
 Date Dec 11/87

cd 12-3-87 SMS (TL100)

STATE OF OREGON

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WATER WELL REPORT

(as required by ORS 537.765)

(1) OWNER: Name Roats Water Co. Well Number: DE 07 LOCATION OF WELL by legal description: Address 61147 Hamilton Ln. City Bend, State OR Zip 97701

County Des. Latitude Longitude Township N or S, Range E or W, WM. Section NE NE Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [] Domestic [X] Community [] Industrial [] Irrigation [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Construction approval Yes No Depth of Completed Well 80 ft. Explosives used Yes No Type Dynamite Amount 1/4 stick (used in fish job)

Table with columns: Diameter, From, To, Material, SEAL From, To, Amount. Rows include 10", 12", and 8" diameters with cement seal.

How was seal placed: Method [X] A [] B [X] C [] D [] E Backfill placed from 30 ft. to 70 ft. Material impermeable Gravel placed from 405 ft. to 450 ft. Size of gravel cuttings

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Row 1: 12, 2, 80, 250, [X], [], [X], []

Location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes rows for Perforations and Screens.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailor [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem at Time (UNKNOWN DUE TO LACK OF CIRCULATION). 1 hr.

Temperature of water 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:

(10) STATIC WATER LEVEL: 405 ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 405

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 405, 450, Unknown, 405. Note: SWL determined by air pressure gauge test.

(12) WELL LOG: Ground elevation

Table with columns: Material, From, To, SWL. Rows include Pumice & Sand, Boulders & Broken Lava, Grey Basalt, Broken Grey Lava, Fracture - loss of circulation.

Workover rig was moved from job site without my knowledge. Date started 5/22/87 Completed

(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 well construction standards. Signed [Signature] WWC Number 1371 Date Dec. 9/87

(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. Signed [Signature] WWC Number 1371 Date Dec 9/87