

STATE OF OREGON  
**Water Supply Well Report**

(as required by ORS 537.765)

DESC 56693

DESC

Received Date: 04-20-2005

Well ID Tag # L 73273

Start Card # 169995

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

**(1) Owner** Well Number: \_\_\_\_\_  
 Name: **THOMAS FISH**  
**MARY FISH CREDIT SHELTER**  
 Street: **PO BOX 8292**  
 City: **BLACK BUTTE RANCH** State: **OR** Zip Code: **97759**

**(2) Type of Work**  
 New  Alter (Recondition)  Alter (Repair)  
 Deepening  Abandonment

**(3) Drill Method**  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other: \_\_\_\_\_

**(4) Proposed Use**  
 Domestic  Community  Industrial  Irrigation  Injection  
 Livestock  Thermal Other: \_\_\_\_\_

**(5) Bore Hole Construction**  
 Special Standards: Depth of completed well: **103.00 ft.**  
 Explosives Used: Amount: \_\_\_\_\_ Type: \_\_\_\_\_  

Hole			Seal			
Diameter	From	To	Mtrl	From	To	Sacks/lbs
10.00	0.00	35.00	BC	0.00	35.00	44
6.00	35.00	103.00				

  
 How was seal placed? \_\_\_\_\_ Other: **POURED DRY**  
 Back fill placed from: \_\_\_\_\_ Material: \_\_\_\_\_  
 Filter pack from: \_\_\_\_\_ Size: \_\_\_\_\_

**(6) Casing / Liner**  
 Casing/ \_\_\_\_\_ Shoe \_\_\_\_\_  

Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	6.00	1.00	103.00	.250	S	X		103	In

**(7) Perforation / Screens**  
 Perforations: \_\_\_\_\_ Casing/ \_\_\_\_\_  

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Lnr	Method

  
 Screens: \_\_\_\_\_  

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

**(8) Well Tests (Minimum testing time is one hour)**  

Type	Yield	Units	Drawdown	Stem at	Duration
B	40.00	G	0.00		2.00

Temperature of Water: **48 F**  
 Was water analysis done?  Depth of artesian flow: \_\_\_\_\_  
 by whom? \_\_\_\_\_  
 Did any strata contain water unsuitable for use?  Too Little  Salty  
 Muddy  Odor  Colored other: \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

**(9) Location of Hole by legal description**  
 County: **DESC** Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Township: **15.00 S** Range: **10.00 E**  
 Section: **4 NESE** Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Tax Lot: **1303** Subdivision: \_\_\_\_\_  
 Street Address of Well (or nearest address):  
**520 N COWBOY ST SISTERS**  
 MAP, with location identified, must be attached.

**(10) Static Water Level**  
 Feet below land surface: **66.0** Date: **03 / 30 / 2005**  
 Artesian Pressure: \_\_\_\_\_ Date: \_\_\_\_\_

**(11) Water Bearing Zones**  
 Depth at which water was first found: **90.00 ft.**  

From	To	est Flow	swl
90.00	103.00	40.00	66

**(12) Well Log** Ground Elevation: \_\_\_\_\_

Material	From	To	swl
SAND CLAY COBBLELS	0.00	20.00	
CONGLOMERATE BROWN	20.00	52.00	
SILT CLAY	52.00	61.00	
SAND GRAY FINE	61.00	66.00	
SAND BLACK	66.00	96.00	
GRAVELS SMALL MEDIUM	96.00	103.00	66

Date Started: **03 / 25 / 2005** Date Completed: **03 / 30 / 2005**

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I perform 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 the best knowledge and belief.  
 Signed by: **THOMAS R PECK** WWC #: **758**

**(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 by: **JACK ABBAS** WWC #: **1720**  
**ABBAS WELL DRILLING CO** Phone: **541-548-2787**