

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 59358

WELL LABEL # L 104475
START CARD # ~~206046~~ 206046
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

DESC 59358

(1) LANDOWNER Owner Well I.D.
First Name Stephen Last Name Roth
Company _____
Address 41600 Hwy 20
City Brother State OR Zip 97601

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.

Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 830 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
2 1/2"	0	39	Bent	0	39	56	565
1 3/4"	39	70					
1 1/2"	70	83					

How was seal placed: Method A B C D E
 Other 3 min pour Bent
Backfill placed from _____ ft. to _____ ft. Material _____
filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	69	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From APR 25 2012

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/width	length	slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time _____
 Pump Bailer Air Flowing Artesian

Yield gal/min 1300 Drawdown 200 Drill stem/Pump depth _____ Duration (hr) _____

Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Desch Twp 22 N or S Range 21 E or W W.M.
Sec 16 5/4 1/4 of the 1/4 1/4 Tax Lot 300-309
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 41600 Hwy 20
Brother OR 97712

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>5-20-11</u>			<u>146'</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 616

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-20-11</u>	<u>610</u>	<u>830</u>	<u>1300</u>			<u>146</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Tan Clay	2	20
Red Clay	20	40
Brown Clay	40	68
Calay Basalt	68	82
Brown Lava Rock	82	100
Gray Clay	100	100
Tan Clay	200	260
Brother Rock	260	300
Pink sand stone with	300	720
Amite		
Blue Lava Rock	720	800
Red CIDR	800	830

Date Started 5-4-11 Completed 5-20-11

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.

License Number 1654 Date 9-28-11

Signed Thomas Search

Contact Info. (optional)
Search drilling INC
Tom Search
501-576-2189

STATE OF OREGON
WATER SUPPLY WELL REPORT
(ORS 537.765 & OAR 690-205-0210)

DESC 59358

WELL LABEL # 104475
START CARD # 20646
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D.
First Name Stephen Last Name Roth
Company _____
Address 41600 Hwy 20
City Brother State OR Zip 97641

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
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Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	16"	+	1	69	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csg/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1300 Drawdown 200 Drill stem/Pump depth _____ Duration (hr) _____

Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
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Brother OR 97712

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Existing Well/Pre-Alteration				
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Gray Basalt	68	82
Blau Lava Rock	82	100
Gray Clay	100	160
Tan Clay	160	260
Brother Rock	260	300
Pink sand stone with	300	720
Amite		
Blue Lava Rock	720	800
Red Clay	800	830

Date Started 5-4-11 Completed 5-20-11

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License Number 1654 Date 9-28-11
Signed Thomas Search
Contact Info. (optional)
Search Drilling Inc
Tom Search
501-576-2189

RECEIVED

SEP 30 2011