

STATE OF OREGON  
WATER SUPPLY WELL REPORT

DESC 59359

WELL LABEL # L 104474  
START CARD # 206045  
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

Desc 59359

(1) LANDOWNER Owner Well I.D. \_\_\_\_\_  
First Name Stephen Last Name Roth  
Company \_\_\_\_\_  
Address 41600 Hwy 20  
City Brother State OR Zip 97712

(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
24"	0	39	Bent	0	39	25	500
16"	39	830					

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
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/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	16"	+	1	39	.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	Csng	Linr	Screen Dia	From	To	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 1750 Drawdown 200' Drill stem/Pump depth 4 hr Duration (hr) 4 hr  
Temperature 60' °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County Decsh Twp 22 N or S Range 21 E or W W.M.  
Sec 16 Sw 1/4 of the NE 1/4 Tax Lot 306  
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	3-20-11			146'

WATER BEARING ZONES Depth water was first found 165

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
3-20-11	165	170	500'			146'
	610	830	1000'			146'

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
TOP SOIL	0	2
Tan Clay	2	20
Brown clay	20	40
Lava Rock	40	68
Gray Basalt	68	82
Clay Tan	82	95
Red Lava Rock	95	100
Brown Lava Rock	100	200
Tan Clay	200	260
Brown Lava Rock	260	300
Red Clay	300	320
Tan Clay	320	360
Pink sandstone with pumice	360	640
Broken Rock w/B	640	740
Blue Lava Rock	740	815

Date Started 3-16-11 Completed 4-15-11

(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 \_\_\_\_\_ Date 9-28-11  
Signed \_\_\_\_\_  
Contact Info. (optional)  
Search Drilling Inc  
Tom Search  
Sul- 576-2189

RECEIVED  
WATER RESOURCES DEPT  
SALEM OREGON

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

**DESC 59359**

WELL LABEL # L 104474  
 START CARD # 206043  
 ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

Instructions for completing this report are on the last page of this form. DESC 59359

**(1) LANDOWNER** Owner Well I.D.  
 First Name Stephen Last Name Roth  
 Company \_\_\_\_\_  
 Address 61400 Hwy 20  
 City Bronson State OR Zip 97712

**(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 \_\_\_\_\_ ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 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	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

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

**(7) PERFORATIONS/SCREENS**  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lintr	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	Drawdown	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)**  
 County \_\_\_\_\_ Twp \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W W.M.  
 Sec \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 Tax Lot \_\_\_\_\_  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL**

Existing Well/Pre-Alteration	Completed Well	Date	SWL(psi)	+	SWL (ft)

Flowing Artesian?  Yes Dry Hole?  Yes

**WATER BEARING ZONES** Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
<u>Red Ciber</u>	<u>818</u>	<u>830</u>

**RECEIVED** **RECEIVED**  
 SEP 30 2011 DEC 09 2011  
 WATER RESOURCES DEPT. SALEM, OREGON WATER RESOURCES DEPT. SALEM, OREGON

Date Started \_\_\_\_\_ Completed \_\_\_\_\_

**(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 \_\_\_\_\_ Date \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Contact Info. (optional) \_\_\_\_\_

STATE OF OREGON  
WATER SUPPLY WELL REPORT

DESC 59359

WELL LABEL # L 104474  
START CARD # 206045  
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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 97712

(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
24"	0	39	Bentonite	0	39	25	500
16"	39	830					

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
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	39	.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	Csng	Lnr	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 1750 Drawdown 200' Drill stem/Pump depth \_\_\_\_\_ Duration (hr) 4 hr  
Temperature 60' °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County DecSh Twp 22 N or S Range 21 E or W W.M.  
Sec 16 Sw 1/4 of the NE 1/4 Tax Lot 306  
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

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>3-20-11</u>			<u>146'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-20-11</u>	<u>165</u>	<u>170</u>	<u>500'</u>			<u>146'</u>
	<u>210</u>	<u>830</u>	<u>1000'</u>			<u>146'</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
TOP SOIL	0	2
Tan clay	2	20
Brown clay	20	40
Lava rock	40	68
Gray Basalt	68	82
Clay Tan	82	95
Red Lava Rock	95	100
Brown Lava Rock	100	200
Tan clay	200	260
Brown Lava Rock	260	300
Red clay	300	320
Tan clay	320	360
Pink sandstone with pumice	360	640
Broken rock w/ B	640	740
Blue Lava Rock	740	815

Date Started 3-16-11 Completed 4-15-11

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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 9-28-11 Date 9-28-11  
Signed Tom Search  
Contact Info. (optional)  
Search Drilling INC  
Tom Search  
Sul- 576-2189



SEP 20 2011  
WATER RESOURCES DEPT  
SALEM OREGON

STATE OF OREGON  
WATER SUPPLY WELL REPORT

DESC 59359

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 104474  
START CARD # 206043  
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 61100 Hwy 20  
City Brother State OR Zip 97712

(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 \_\_\_\_\_ ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL					Amount	Scks/lbs
Dia	From	To	Material	From	To				

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

Csg/Linr	Dia	+	From	To	Gauge	SEAL				Thrd
						Steel	Plastic	Welded		

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

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Sern	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  Bailor  Air  Flowing Artesian  
Yield gal/min \_\_\_\_\_ Drawdown \_\_\_\_\_ 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)  
County \_\_\_\_\_ Twp \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W W.M.  
Sec \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 Tax Lot \_\_\_\_\_  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) \_\_\_\_\_

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well				

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
<u>Red cedar</u>	<u>818</u>	<u>830</u>

Date Started \_\_\_\_\_ Completed \_\_\_\_\_  
**RECEIVED**  
**SEP 30 2011**  
**WATER RESOURCES DEPT**  
**SALEM, OREGON**  
(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 \_\_\_\_\_

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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 \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_  
Contact Info. (optional) \_\_\_\_\_