

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

DESC 931

RECEIVED

ISS/20E/25 1/2

(START CARD) # 15655 labeled

(1) OWNER:

Name Roats Water System Inc
 Address 61147 Hamilton Lane
 City Bend State Ore Zip 97701

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
14"	0	40	cement	40	0	44 sacks
12"	40	598				

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

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: 10"	+2	598	.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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
558	598		1520	1/8by3		<input checked="" type="checkbox"/>	<input type="checkbox"/>
558						<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
to be test pumped later			1 hr.

Temperature of water 51 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: _____

(9) LOCATION OF WELL by legal description:

Township 18 S Nor or S. Range 12 W Longitude _____
 Section 28 SE 1/4 NW 1/4
 Tax Lot 3100 Lot 25 Block 4 Subdivision _____
 Street Address of Well (or nearest address) Woodside Ranch

(10) STATIC WATER LEVEL:

555 ft. below land surface. Date 3-13-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 558

From	To	Estimated Flow Rate	SWL
558	558 598		555

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
brn soil	0	4	
bldrs	4	15	
gray basalt	15	59	
redish gray congl	59	64	
gray basalt	64	75	
brn basalt	75	82	
gray basalt	82	105	
redish gray basalt	105	132	
brn basalt	132	149	
gray basalt	149	180	
redish gray cindery congl	180	212	
gray basalt	212	245	
brn cinders(4 yds/175-265	245	259	
gray basalt	259	270	
brn cindery congl	270	309	
gray basalt	309	346	
soft brkn gray basalt	346	380	
gray basalt	380	431	
red cinders(2 yds	431	444	
gray basalt	444	489	
redish gray basalt	489	537	
gray basalt	537	558	
log cont			

Date started 2-12-91 Completed 3-13-91

(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 F. Kelly WWC Number 1317
 Date 3-18-91

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment of 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 Johnson WWC Number 595
 Date 3-18-91

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

DESC 831

15/06/93 by

(START CARD) # 15655 labeled

(1) OWNER: Well Number: Page 2
Name Boa45 Water System Inc
Address 61147 Hamilton Lane
City Bend State Ore Zip _____

(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 598 ft.
Explosives used Type _____ Amount _____

HOLE Diameter	From To		Material	SEAL From To		Amount sacks or pounds
	From	To		From	To	
14"	0	40	cement	40	0	44 sacks
12"	40	598				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
10"	+2	598	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:

Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
558	598		1520	1/8by3		<input checked="" 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 _____
to be test pumped later 1 hr.

Temperature 51 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: _____

(9) LOCATION OF WELL by legal description:
County Des Latitude _____ Longitude _____
Township 18 S N or S. Range 12 E E or W. WM.
Section 28 Se 1/4 NW 1/4
Tax Lot 3100 Lot 25 Block 4 Subdivision _____
Street Address of Well (or nearest address) _____
Woodside Ranch

(10) STATIC WATER LEVEL:
555 ft. below land surface. Date 3-13-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 558

From	To	Estimated Flow Rate	SWL
558	598		555

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
red cinders caving (WB)	558	581	
brn cinders (WB)	581	584	
red cinders (WB)	584	598	

Date started 2-12-91 Completed 3-13-91

(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 [Signature] WWC Number 1317
Date 3-18-91

(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 [Signature] WWC Number 3-18-9
Date _____