

00UG
S1205

RECEIVED

NOV 28 1997

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

WELL I.D. # L. 18186
START CARD # 106082

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

WATER RESOURCES DEPT SALEM, OREGON

(1) OWNER: Well Number 2
Name PacifiCorp
Address 920 SW 6th Ave RM 625 PSB
City Portland State OR Zip 97204

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 110 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	50	Bentonite	0	50	25 sacks
6	50	110				

How was seal placed: Method A B C D E
 Other poured dry
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: 6	+1	106	25	<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) 106 ft.

(7) PERFORATIONS/SCREENS:

Perforations Method air perferator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
78	98	1/4 x 1	480	6		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Bailer Drawdown	Air Drill stem at	Flowing Artesian Time
25		105	1 hr.
25		110	4 hr.

Temperature of water 49° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom Umpqua Research
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 Douglas Latitude _____ Longitude _____
Township 26 N of S Range 3 (E) or W. WM.
Section 36 SE 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Tokettee-Clearwater Village

(10) STATIC WATER LEVEL:
73 ft. below land surface. Date 10/20/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 78 ft.

From	To	Estimated Flow Rate	SWL
78	98	25	73

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Pumice & ash	0	43	
Clay & sm. gravels w/pumice	43	52	
Pumice	52	78	
Broken basalt w/clay	78	92	73
Grey clay	92	95	73
Broken basalt w/clay	95	110	73

Date started 10/15/97 Completed 10/20/97

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1284
Signed [Signature] Date 11/3/97