

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

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

DOUG 52667

DOUG

Received Date 08-03-2001

Well ID Tag # L 49671

Start Card # 142726

(1) Owner Well Number: 1
 Name: BRANDY BAR LANDING
 Street: 43604 HWY 38
 City: SCOTTSBURG State OR Zip Code: 97473

(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: 540.00 ft.
 Explosives Used: Amount: Type:

Diameter	Hole			Seal			Sacks/lbs
	From	To	Mtrl	From	To		
10	0	40	CE	0	40		21
6	40	93	CE	93	98		3
8	93	98					

How was seal placed? C Other: D
 Back fill placed from: Material
 Fiber pack from: Size:

(6) Casing / Liner
 Casing/Liner Diameter From To Gauge Mtrl Weld Thrd at used
 C 6 2 98 280 S X

(7) Perforation / Screens
 Perforations:
 Mtrl From To Width/Height #Slots Dia. Up/Size Ltr Method
 S 98 98 0.250 1.00 200 6 C HOLT PERF

Screens:
 Mtrl From To S Size #Slots Dia. Up/Size Type Gauge

(8) Well Tests (Minimum testing time is one hour)
 Type Yield Units Drawdown Stem at Duration
 A 100.00 G 524 540 1.00

Temperature of Water: 62.00 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: DOUG Latitude Longitude
 Township: 22.00 S Range: 10.00 W
 Section: 8 NW/NE Lot: Block:
 Tax Lot: UNKNOWN Subdivision:
 Street Address of Well (or nearest address):
 43604 HWY 38 SCOTTSBURG, OR 97473
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: 95.00 Date: 08 / 01 / 2001
 Artesian Pressure: Date:

(11) Water Bearing Zones
 Depth of which water was first found: 70.00 ft.
 From To est Flow gal
 70 93 100 16

(12) Well Log Ground Elevation:

Material	From ... To ... gw		
	From	To	gw
BROWN CLAY SOIL	0	23	
BLUE CLAY SOIL	23	83	
GRAVEL/SAND	83	85	
GRAY SAND	86	75	
GRAVEL SAND	76	93	16
GRAY SAND STONE - MED	93	640	

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WATER RESOURCES DEPT.
 SALEM, OREGON

Date Started: 07 / 30 / 2001 Date Completed: 08 / 01 / 2001

(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: ALAN E MCCracken WWC #: 1644

(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: CASEY JONES JR WWC #: 1644

STATE OF OREGON
Water Supply Well Report

(As required by ORS 537.755)

DOUG

Received Date:

Well ID Tag # L 49671

Start Card # 942726

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

(1) Owner

Name _____ Well Number _____
 Street _____
 City _____ State _____ Zip Code _____

(2) Type of Work

New Alter (Reconstruction) 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: _____
 Explosives Used: Amount: _____ Type: _____ Seal: _____

Diaper	From	To	Mbl	From	To	Seal/Label
6	88	840				

How was seal placed? _____ Other: _____
 Backfill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Casing: _____ Shoe _____
 Liner: _____ Diameter: _____ From _____ To _____ Gauge _____ Mbl _____ Weld _____ Thrd _____ at used _____

(7) Perforation / Screens

Perforations: _____ Casing _____
 Mbl: _____ From _____ To _____ Width/Height # _____ Dia. _____ Spacing _____ Ltr. _____ Method _____

Screens: _____
 Mill: _____ From _____ To _____ # _____ Dia. _____ Spacing _____ Type _____ Gauge _____

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

Type _____ Yield _____ Units _____ Drawdown _____ Stem at _____ Duration _____

Temperature of Water: _____
 Was water analysis done? Depth of artesian flow _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Late Slaty
 Ashy Oily Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description

County: _____ Latitude: _____ Longitude: _____
 Township: _____ Range: _____
 Section: _____ Lot: _____ Block: _____
 Tax Lot: _____ Subdivision: _____
 Street Address of Well (or nearest address): _____

(10) Static Water Level

Feet below land surface: _____ Date: _____
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones

Depth at which water was first found: _____
 From _____ To _____ sat. Flow _____

(12) Well Log

Ground Elevation: _____

Material	From	To	sat

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AUG 31 2001

WATER RESOURCES DEPT.
 SALEM, OREGON

Date Started: _____ Date Completed: _____

(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: _____ WWC # _____

(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: _____ WWC # _____
 Phone: _____