

JUN 23 1998

Page 1 of 2

6111
50050

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

WELL I.D. # LO1320
START CARD # 67903

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

(1) OWNER: Well Number LO1320
Name Monty Cum
Address R.O. Box 67
City Tone State OR Zip 97843

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	33	ART.	33	0	27
15"	33	479				
12"	479	706				

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: 16"	33	479	2	<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:

From	To	Slot size	Type	Number	Diameter	Material	Tele/pipe size	Casing	Liner
								<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 2800 Drawdown _____ Drill stem at 706 Time 1 hr.

Temperature of water 62 °F 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 Gilliam Latitude _____ Longitude _____
Township _____ N or S Range 22 E or W. WM.
Section 14 SE 1/4 SE 1/4
Tax Lot 922 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
290 ft. below land surface.
Artesian pressure _____ lb. per square inch. **RECEIVED**

(11) WATER BEARING ZONES:
Depth at which water was first found 267 DEC 14 1998

From	To	Estimated Yield	WATER RESOURCES DEPT. SALEM, OREGON
267	275	50	
295	300	100	290
444	469	1500	
575	585	1700	
630	660	2500	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	5	
SOFT BRN 1/4 TAN CLAY	5	28	
BLK 1/4 BRN BASALT	28	60	
SOFT BRN	60	68	
BLK BASALT	68	100	
BLK 1/4 GRN CLY STN	100	125	
BLK BASALT	125	219	
BLK 1/4 GRN CLY STN	219	267	
BLK 1/4 BRN SCORIA	267	275	
BLK BASALT	275	295	
BLK 1/4 SCORIA	295	300	
BLK BASALT	300	444	
SCORIA	444	469	
SOFT BRN BASALT	469	479	
BLK BASALT	479	575	
BRN BASALT	575	585	
BLK BASALT	585	630	
SOFT BRN BASALT	630	648	
BRN BLK 1/4 BRN SCORIA	648	660	
BLK 1/4 BRN BASALT	660	668	

Date started 3-23-98 Completed 6-11-98

(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.
Signed Austin R. Otto WWC Number 1402 Date 6-11-98

(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.
Signed Terry Beard WWC Number 544 Date 6-11-98

RECEIVED

Page 2 of 2

GILL 50050

JUN 22 1998

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

WELL I.D. # L 01320 START CARD # 67903

Instructions for completing this report are on the last page of this form. 20F2

(1) OWNER: Well Number L01320 Name Merty Chen Address P.O. Box 67 City Ione State OR Zip 97843

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No Depth of Completed Well 706 ft. Explosives used [] Yes [] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Sacks or pounds

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water 62° 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 Gilliam Latitude Longitude Township 1 N or (S) Range 22 (E) or W. WM. Section 14 3E 1/4 SE 1/4 Tax Lot 900 Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: 290 ft. below land surface. Date Artesian pressure lb. per square inch. Date

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

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL

RECEIVED

DEC 14 1998

WATER RESOURCES DEPT. SALEM, OREGON

Date started 3-23-98 Completed 6-11-98

(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 1402

Signed [Signature] Date 6-11-98

(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 544

Signed [Signature] Date 6-11-98