

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

Gill 50153

WELL I.D. # L 49961
START CARD # 123782

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

(1) LAND OWNER City of Lane Rock Well Number 2
Name City of Lane Rock
Address Lane Rock Route
City Condon State OR Zip 97823

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
16"	0 18	Cement	0 18	25	St.
12"	18 55	Cement	18 55	32	St.
12"	55 65	Bentonite	55 65	11	St.
12"	65 136				

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: 8"	0	83	322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	123	133		<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Stainless Material 104

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
83	123	20		8	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
30+	60		1 hr.

Temperature of water 59 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 Gillon Latitude _____ Longitude _____
Township 5 or 23 or W. WM.
Section 36 NE 1/4 NE 1/4
Tax Lot 3800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) U.A.

(10) STATIC WATER LEVEL:
37 ft. below land surface. Date Aug 10, 2004
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
49	127	30+	37

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Boulders + Clay	0	4	
Cobbles Be Clay	4	17	
BR Clay	17	23	
Yellow Clay	23	37	
RED Clay	37	49	
Yellow Clay w/ Sandstone	49	68	37'
Gray Shale	68	72	37
Gray Shale Sandstone	72	92	37
Boulders + Sandstone	92	127	37
Sandstone w/ yellow clay	127	136	

RECEIVED
AUG 16 2004
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
SEP 09 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started July 12, 2004 Completed Aug 10, 2004
(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 Jody Raperta WWC Number 1669
Date Aug 10, 2004

(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 Jody Raperta WWC Number 1669
Date Aug 10, 2004