

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

SEP 13 2004

WATER RESOURCES DEPT

WELL I.D. # L 49960
 START CARD # 146130

Instructions for completing this report are on the back of this form.

(1) LAND OWNER
 Name MARGARETTA Campbell Well Number 1
 Address 48577 Lone rock Rd.
 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 118 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
8"	96 118	open	Hole		

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100+	0		1 hr.

Pump Bailer Air Artesian

Temperature of water 55 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 S N or S Range 23 or W. WM.
 Section 36 SW 1/4 NE 1/4
 Tax Lot 3800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) off Lone rock Rd.

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 9-3-2004
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found NA

From	To	Estimated Flow Rate	SWL
96	118	100+	25

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Iron	96	97	25
Sand stone + Boulders	97	118	25
there			
was Iron on bottom of hole			
from 96 - 97'			

Date started 9-2-2004 Completed 9-3-2004

(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 Rand WWC Number 1669 Date 9-7-2004

(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 Rand WWC Number 1669 Date 9-7-2004