

GRAN  
50268

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

WELL I.D. # L 01225  
START CARD # 115075

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Mitch Fielding  
Address HCR 87 Box 91  
City Sunape State OR Zip 97877

(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 298 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>19</u>	<u>Bentonite</u>	<u>0</u>	<u>19</u>	<u>12</u>
<u>7 1/2</u>	<u>19</u>	<u>290</u>				

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: <u>6</u>	<u>+2</u>	<u>290</u>	<u>7.75</u>	<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) 290

(7) PERFORATIONS/SCREENS:

Perforations Method Torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>260</u>	<u>250</u>	<u>8</u>	<u>14</u>	<u>6</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 15 Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 60 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 Grant Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 9S N or S Range 35E E or W. WM.  
Section 4 D 1/4 A 1/4  
Tax Lot 2119 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) same above

(10) STATIC WATER LEVEL:  
94 ft. below land surface. Date 10-22-99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 120

From	To	Estimated Flow Rate	SWL
<u>120</u>	<u>120</u>	<u>3</u>	<u>85</u>
<u>265</u>	<u>280</u>	<u>1.5</u>	<u>94</u>

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Clay + Rocks</u>	<u>0</u>	<u>35</u>	
<u>Full grey</u>	<u>35</u>	<u>265</u>	<u>94</u>
<u>Black Fractured</u>	<u>265</u>	<u>280</u>	<u>94</u>

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WATER RESOURCES DEPT  
SALEM, ORE.

Date started 10-19-99 Completed 10-22-99

(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 Carl Piteh WWC Number 494 Date 10-22-99

(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 Carl Piteh WWC Number 494 Date 10-22-99