

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

WELL I.D. # L 87501

START CARD # 190245

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

(1) LAND OWNER Well Number 1
Name City of Prairie City
Address Box 320
City Prairie City State Or. Zip 97869

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 300 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	70	Portland C	0	70	30
6"	70	300	Cement			

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

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	6"	+2	70	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	N/A				<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 _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25	-	300	6

Temperature of water 58 Depth Artesian Flow Found _____
Was a water analysis done? NO Yes By whom _____
Did any strata contain water not suitable for intended use? NO Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County GRANT
Tax Lot 4400 Lot _____
Township 12 N or S Range 33 E or W WM
Section 34 NW 1/4 NW 1/4

Lat _____ ° ' " or _____ (degrees or decimal)
Long _____ ° ' " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Dixie Creek Rd North of Prairie City

(10) STATIC WATER LEVEL
42.8 ft. below land surface. Date 10-6-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
			42.8"
Refer to well log for start card # 15 1986			

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
This well was a test well drilled in 2004 and never completed by another driller			
			RECEIVED
			NOV 03 2006
			RECEIVED
			FEB 12 2007
			WATER RESOURCES DEPT SALEM, OREGON
			RECEIVED
			WATER RESOURCES DEPT SALEM, OREGON

Date Started 9-20-06 Completed 9-30-06

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 1606 Date 10-31-06
Signed John Marcell