

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 517.065)

WELL I.D. #1 _____

START CARD # 151986

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

(1) LAND OWNER Well Number _____
Name: CITY OF PRACIE CITY
Address: PO BOX 370
City: PRACIE CITY State: OR Zip: 97269

(2) TYPE OF WORK New Well EXPLORATION
 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
 Fermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well: 600 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL		
Diameter	From	To	Material	From	To
6	0	600			

Sacks or Pounds _____

How was seal placed: Method A B C D E
 Other None
Backfill placed from: _____ ft. to _____ ft. Material _____
Gravel placed from: _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing	Diameter	From	To	Gauge	Steel				Plastic				
					Welded	Threaded	Welded	Threaded	Welded	Threaded			
	6	0	600	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Method None

From	To	Slot Size	Number	Diameter	Telephone 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"/>
						<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 Bore Air Flowing Artesian

Yield (gpm): 100 gpm Draw down: 100 FT Drill stem at: 300 Time: 4 hrs

Temperature of water: 59 Depth Artesian Flow Found: 75
Was a water analysis done? Yes By whom: _____
Did it test as a consumer water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata _____

(9) LOCATION OF WELL (legal description)
County: GRANT
Twp: 12 Lot: _____
Section: 15 N or S: 33 E or W: 14
Lat: 44 29 11 or _____ (degrees or decimal)
Long: 118 48 50 or _____ (degrees or decimal)
Street Address of Well (or nearest address): None

(10) STATIC WATER LEVEL
32 ft. below land surface. Date: Sept. 04
_____ ft. below land surface. Date: _____
Artisan pressure _____ lb. per square inch. Date: _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWI
75	600	±200 gpm	32

(12) WELL LOG

Material	From	To	SWI
GRAVEL	0	19	
GRAVEL	19	37	
GRAVEL	37	45	38
GRAVEL	45	52	
GRAVEL	52	63	
GRAVEL	63	75	
GRAVEL	75	85	
GRAVEL	85	600	

Date Started: 5 Sept 04 Completed: 10 Aug 04

(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 received 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: 1712 Date: _____
Signed: [Signature]

RECEIVED

DEC 07 2006

WATER RESOURCES DEPT
SALEM, OREGON