

GRAN 50925

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 91905

START CARD # 195113

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Shannon Last Name Voigt
 Company _____
 Address 28288 Summit Prairie Rd
 City Prainie City State OR Zip 97869

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 344 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	0	1	Bent	0	1	1	Scks
12"	1	27	Neat Cement	1	27	32	Scks
8"	27	344					

How was seal placed: Method A B C D E

Other Power Bent

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		8"	+	18"	78.5	250	✓		✓	
	✓	6"	-	64'	344	188	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 78.5

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Factory Cuts

Screens Type _____ Material _____

Perf	Scrn	Csng	Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		84	324	1/4	4"	2100	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
140	288.6	296	24

Temperature 61 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units
			0	2008

(9) LOCATION OF WELL (legal description)

County GRANT Twp 13 N or 0 Range 330 or W W.M.

Sec 13 SE 1/4 of the NE 1/4 Tax Lot 1403

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28288

Summit Prairie Rd

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>11-26-07</u>			<u>31</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>11-26-07</u>	<u>47</u>	<u>48</u>	<u>5</u>			<u>18'</u>
<u>11-26-07</u>	<u>150</u>	<u>300</u>	<u>135</u>			<u>31'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>Top Soil Brown</u>	<u>0</u>	<u>1</u>
<u>TAN clay Hard</u>	<u>1</u>	<u>47</u>
<u>TAN clay + gravel water</u>	<u>47</u>	<u>48</u>
<u>TAN clay + gravel Hard</u>	<u>48</u>	<u>56</u>
<u>TAN clay Hard Stone</u>	<u>56</u>	<u>150</u>
<u>TAN clay with small Sand</u>	<u>150</u>	<u>300</u>
<u>gravel - water</u>		
<u>TAN clay Hard Stone</u>	<u>300</u>	<u>344</u>

Date Started 11-15-07 Completed 11-26-07

(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.

License 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.

License Number 1606 Date 12-26-07

Signed John Marcieil

Contact info. (optional) _____

RECEIVED

WATER RESOURCES DEPT
SALEM, OREGON