

STATE OF OREGON
WATER SUPPLY WELL REPORT

GRAN 50962

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

WELL LABEL # L 91913

START CARD # 195114

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

(1) LAND OWNER Owner Well I.D. _____
First Name Robert Last Name Chouinard
Company _____
Address 45944 Hwy 26
City Dayville State Or Zip 97825

(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 170 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
16	0	71	Cement	0	71	112	Scks
12	71	170					

How was seal placed: Method A B C D E

Other _____

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
✓		12	+	2'	71	250	✓		✓	
	✓	8	-	30	170	188	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter 16 From 0 To 37

(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
✓			✓	8	70	170	1/4	4	1500	8

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

Pump Bailer Air 1 Flowing Artesian 2

	Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1-	500+	130	170	1
2-				

Temperature 65 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description

(9) LOCATION OF WELL (legal description)

County Grant Twp 13 N or S Range 27 W or W.M.

Sec 4 NE 1/4 of the SW 1/4 Tax Lot 800

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 45944 Hwy 26
East of Dayville 3 miles

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>9-29-08</u>	<u>24</u>	+	<u>24"</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 7

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9-29-08	7	12	15		-	6
9-29-08	60	61	30		-	6
9-29-08	130	167	500		+	24"

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil Brown	0	7
Sand + gravel Tan	7	12
Med Soft - Surface Water		
Tan clay + gravel Med Hard	12	30
green clay Hard	30	60
Brown Soil Med Hard	60	61
Tan clay Hard Stone	61	80
green clay Hard Stone	80	130
Brown clay Stone	130	167
Fractured Water		
Black Basalt Hard	167	170

Date Started 9-9-08 Completed 9-29-08

(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 10-26-08

Signed John Marcial

Contact Info. (optional) _____

RECEIVED

NOV 10 2008