

STATE OF OREGON Water Supply Well Report

(as required by ORS 537.765)

Received Date: 06-05-2001

Well ID Tag # L 24218

Start Card # 130687

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

(1) Owner Well Number: 2 Name: LAUREL PATRICK Street: PO BOX 1073 City: HOOD RIVER State: OR Zip Code: 97031

(2) Type of Work [X] New [] Alter (Recondition) [] Alter (Repair) [] Deepening [] Abandonment

(3) Drill Method [X] Rotary Air [] Rotary Mud [] Cable [] Auger Other:

(4) Proposed Use [X] Domestic [] Community [] Industrial [X] Irrigation [] Injection [] Livestock [] Thermal Other:

(5) Bore Hole Construction [] Special Standards: Depth of completed well: 395.00 ft. [] Explosives Used: Amount: Type:

Table with columns: Diameter, From, To, Mtrl, From, To, Sacks/lbs. Rows for diameters 12, 8, 6.

How was seal placed? A Other: Back fill placed from: Material: Filter pack from: Size:

(6) Casing / Liner Table with columns: Casing/Liner, Diameter, From, To, Gauge, Mtrl, Weld, Thrd, Shoe at, Shoe used.

(7) Perforation / Screens Perforations: Mtrl From To Width Height #Slots Dia. tpSize Casing/Lnr Method Screens: Mtrl From To S Size #Slots Dia. tpSize Type Gauge

(8) Well Tests (Minimum testing time is one hour) Type Yield Units Drawdown Stem at Duration A 65.00 G 100 385 1.00

Temperature of Water: 55.00 F Was water analysis done? [] Depth of artesian flow: by whom? Did any strata contain water unsuitable for use? [] Too Little [] Salty [] Muddy [] Odor [] Colored other: Depth of strata:

(9) Location of Hole by legal description County: HOOD Latitude: Longitude: Township: 2.00 N Range: 10.00 E Section: 29 NWNE Lot: Block: Tax Lot: 106 Subdivision: Street Address of Well (or nearest address): 3150 DEE HWY HOOD RIVER OR MAP, with location identified, must be attached.

(10) Static Water Level Feet below land surface: 200.00 Date: 04 / 21 / 2001 Artesian Pressure: Date:

(11) Water Bearing Zones Table with columns: From, To, est Flow, swl. Rows for depths 128, 370, 385.

(12) Well Log Table with columns: Material, From, To, swl. Lists various geological layers like TOP SOIL, BROWN CLAY, etc.

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SEP 21 2001

WATER RESOURCES DEPT. SALEM, OREGON

Date Started: 04 / 17 / 2001 Date Completed: 04 / 21 / 2001

(unbonded) Water Well Constructor Certification: I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Signed by: KARL F MOORE JR MWC #: 1256

(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. Signed by: CHARLES MOORE MWC #: 731 M-K DRILLING CO. Phone: 509-767-1342

STATE OF OREGON
Water Supply Well Report

HOOD

Well ID Tag # L 24218

(as required by ORS 537.765)

*Start Card # 130687

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

(1) Owner Well Number: _____
 Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: _____
 Explosives Used: Amount: _____ Type: _____

Hole			Seal			
Diameter	From	To	Mtrl	From	To	Sacks/lbs
4	160	395				

How was seal placed? 0 Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner
 Casing/ _____ Shoe _____ Shoe _____
 Liner Diameter From To Gauge Mtrl Weld Thrd at used

(7) Perforation / Screens
 Perforations: _____ Casing/ _____
 Mtrl From To Width Height #Slots Dia. t/pSize Lnr Method

Screens:
 Mtrl From To S Size #Slots Dia. t/pSize Type Gauge

(8) Well Tests (Minimum testing time is one hour)
 Type Yield Units Drawdown Stem at Duration

Temperature of Water: _____
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: _____ Latitude: _____ Longitude: _____
 Township: _____ Range: _____
 Section: _____ Lot: _____ Block: _____
 Tax Lot: _____ Subdivision: _____
 Street Address of Well (or nearest address): _____
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: _____ Date: _____
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: _____
 From To est Flow swl

(12) Well Log Ground Elevation: _____

Material	From	To	swl

RECEIVED

SEP 21 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: _____ Date Completed: _____

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: _____ MWC #: _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: _____ MWC #: _____
 Phone: _____