

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

(START CARD) # 134186

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

(1) OWNER: Well Number L43378
Name JIM + CEO WISEMAN
Address 5970 BERRY DRIVE
City PARKDALE State OR. Zip 97041

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

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

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

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or _____
12	0	20	BENTONITE	0	20	12
8	20	120				
10	120	128	CEMENT	120	128	3

How was seal placed: Method A B C D E
 Other RODDED + PUMPED
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+2	128	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
									<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 75 Drawdown 100% Drill stem at 247 Time 1 hr.

Temperature of water 58 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County HOOD Latitude _____ Longitude _____
Township 1N N or S Range 9E E or W. WM. _____
Section 24 SE 1/4 NW 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5970 BERRY DRIVE
PARKDALE OR.

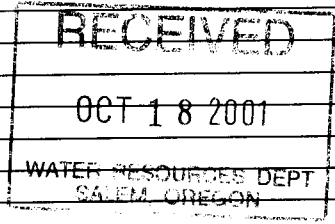
(10) STATIC WATER LEVEL:
120 ft. below land surface. Date 10-15-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 227

From	To	Estimated Flow Rate	SWL
227	247	75	120

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	6	
CLAY BROWN	6	23	
CONGLOMERATE	23	121	
BASALT GRAY	121	187	
RED CINDOR ROCK + CLAY	187	210	
BASALT + COARSE SAND WB	210	247	120



Date started 10-8-01 Completed 10-13-01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed _____ WWC Number _____ Date _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Richard J. Murray WWC Number 666 Date 10/16/01