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

345/010/10BC

WELL DRILLING INC.

(START CARD) # 66541

Address P.O. BOX 1004 City SHADY COVE, State OR. Zip 97539 (2) TYPE OF WORK XXNew Well Deepening Alteration (repair/recondition) Abandonment (3) DRILL METHOD: XXRotary Air Rotary Mud Cable Auger Township 348 N or S Range 1W E or W. WM. Section 10BC 1/4 1/4 Tax Lot 1700 Lot Block Subdivision Street Address of Well (or nearest address) 575 SARMA DR. (10) STATIC WATER LEVEL:	Instructions fo	r comple	ting this repor	t are on t	he last	page of this form.						
MIKE MALEPST Modest All Completed Section All Completed Section All Completed	(1) OWNER:		W	ell Nun	nber	(9) LOCAT	TION OF WE	ELL by legal descr	iption:			
SAMPY COVE, Sure OR Zip 97539	Name MI	EPSY				County	JACSKON	Latitude	Lon	gitude		
SHADY COVE, State OR. Zm 97539	Address P.C	D. BOX	1004				Township	345	N or S Range	1W	E or V	V. WM.
Table OF WORK Material Sand Material Signal Material	City SHA	ADY CC	VE , s	tate C	R.	Zip 97539	Section_	1.0PC	1/4		1/4	
SHADY COVE, QR.						Tax Lot 1700 Lot Block Subdivision						
SHADY COVE, QR.	XXNew Well	g 🔲 Alteration	n (repair/r	econdit	ion) Abandonment	Street Address of Well (or nearest address) 575 SARMA DR.						
Content							SH	ADY COVE	OR.			<u> </u>
Choler Community Industrial Irrigation Industrial Irrigati	Y Rotary Air	Rotary	Mud C	able	Aug	er						
Community Industrial Irrigation Industrial Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion Inspecion	Other					135	ft. below			ate8_	7-95	
Thermal Impedition Livestock Other	(4) PROPOSE	D USE:								e inch. [)ate	
Dismeter Prom Dismeter Prom Dismeter Prom Dismeter Dismeter Prom Dismeter Dis	Y Domestic	Comm	nunity 🔲 In	dustrial	i	Irrigation	(11) WATE	ER BEARING	G ZONES:			
Special Construction approval "realZ No Depth of Completed Well 34Qn.	Thermal	Injecti	ion 🔲 Li	vestock		Other				317		
Explosives used Yes No Type Amount SeAL							Depth at which	ch water was fir	rst found	317		
Note Note Naterial From To Sacks or pounds												T
Diameter From To Material From To Sacks or pounds	Explosives used	MNo Type _		A	mount	Fron	From To			Estimated Flow Rate		
10"	HOLE			SEAL			31	7	325	30 GPM		135
How was seal placed: Method A B	Diameter From	To	Material	From	То	Sacks or pounds						
How was seal placed: Method A B		 _			<u> </u>							
How was seal placed:			CEMENT	0_	58	15 SACKS						
Method A B	6" 58	340								···		
Other Backfill placed from				<u> </u>	<u></u>		(12) WELI					
Backfill placed from	How was seal pla	iced:	Method []A [В Д	OXIC □D □E		Ground E	levation		_	
Casing from	Other			<u>-</u>			l			T		CVII
Clay Brown 2 16	Backfill placed fr	rom	ft. to	_ ft.	Mate		COTT			-		SWL
Diameter From To Gauge Steel Plastic Welded Threaded Casing 6" +2 58 .250 IX			ft. to	ft.	Size o	of gravel						
Casing 6" +2 58 .250 IX	(6) CASING/I	LINER:										
CINDER, RED, SOFT 189 197 189 197 197 266 271 197 266 271 197 266 271 197 266 271 197 266 271 197 266 271 197 266 271 197 266 271 197 277 277 197 277 277 197 27	_											
Tuff, GREY 197 266 271 277	Casing: 6"	+2	58 2						יואנו			
CINDER RED SOFT 266 271 277					닏							
Liner: 4" 0 340 160 TX	<u> </u>											
Final location of shoe(s) Second State		+_	010 16								1	
Final location of shoe(s) 58 (7) PERFORATIONS/SCREENS: Perforations	Liner: 4"	0	340 16	버님								135
Type							I TOFF,	GKET PHED	TOTI/ BOT I		340	100
Salva Salv												
Screens Type Material Tele/pipe Size Number Diameter Size Casing Liner Size Number Diameter Size Casing Liner					A T.J							
Commal C	_			رق	1.W	atorial			- illind	nc		
Commal C	Screens		ype			ipe			Well Drilling	· -		/FD
Commal C	From To	size	Number I	Diameter	size			Medius	(503) 684 63 p	-		
(8) WELL TESTS: Minimum testing time is 1 hour Pump	2/0 2/0	100	1/000					•	OR Hanley To	AT	G 3 1 1	000
(8) WELL TESTS: Minimum testing time is 1 hour Pump	240 340	100	1/040	.,,	<u> </u>				eral Point		-	333
Completed SALEWI, OREGON					+			Con	μ.	- W/X1 E17 1	LSOUR	CES DEP
Completed 8-7-95 Completed 8			+ +		 					SAL	¢M, OR	EGON
Pump						U U					1	
Pump	(8) WELLTE	STS: M	inimum test	ing time	is 1 hr	our	Date started	8-7-9	Comr	leted 8-7-	-95	
Pump	(O) WELLIE	J13. WI						Water Well Co			******	
Yield gal/min Drawdown Drill stem at Time 30 GPM 340 1 hr. Temperature of water 57 Depth Artesian Flow Found	Duma	Пυ	ailer	YY Air			I certify t	hat the work I r	erformed on the cons	truction, alter	ation, or ab	andonment
340 1 hr.					m at		of this well i	s in compliance	with Oregon water s	upply well co	nstruction s	tandards.
Signed Signed Date		T				11		eu anu miormat	non reported above at	e mae m me t	ost of my K	HOWIEURE
Temperature of water 57 Depth Artesian Flow Found (bonded) Water Well Constructor Certification: Was a water analysis done? Yes By whom 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 tunwledge and belief. Depth of strata: Signed Si	3U_GPM	 			340					WWC Nu	mber	
Was a water analysis done? Yes By whom							Signed					
Was a water analysis done? Yes By whom	Temperature of :	vater	57 De	nth Artesi	an Flou	v Found	(bonded) W	ater Well Cons	structor Certification	n:		
Did any strata contain water not suitable for intended use? Too little Salty Muddy Odor Colored Other Depth of strata: Depth of strata:	•						Lacceptir	esponsibility fo	r the construction, alt	eration, or ab	andonment	work
Salty Muddy Odor Colored Other Depth of strata: Signed Date 8-9-95		•	_	-			performed or	n this well duri	ng the construction da	ites reported a	ibove. All v	vork
Depth of strata: Signed South Medina Date 8-9-95						_	construction	uring this time i standards. Thi	is in compitance with s report is true to the	best of my ki	owledge an	d belief.
Signed Signed Means Date 8-9-95							1			VOIC N	mber 12	207
	Depin of strata:						Signed	man	in Me	dina	Date 8-9	9-95
ODICINIAL & EIDET CODY WATER RECOURCES DEPARTMENT SECOND CORY (VONSURIICTOR THIRD COPY-CITMOMER	ODICINIAL	EID CT C	ODV WATER	DESC	IRCE	S DEPARTMENT OF					******	