

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

WELL I.D. # L 74257
 START CARD # 170559

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

(1) LAND OWNER DAVID EAGLE Well Number _____
 Name DAVID EAGLE
 Address 12590 APPLEGATE RD.
JACKSONVILLE State OR Zip 97530

(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 140 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	Sacks or pounds
10"	0' 20'	BENTONITE	0 20 12 SCS
8"	20' 81'		
6"	81' 140'		

How was seal placed: Method A B C D E
 Other TOWERED IN HOLE
 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
6"	0' 20'	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	20' 29'	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4"	0' 140'	16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw Cut
 Screens Type 160 Material P.V.C.

From To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
400' 440'	1/2"	60	1/4"	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
10	440	440	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 62 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 Clatsop Latitude _____ Longitude _____
 Township 38 N or S Range 1 E or W M.
 Section 29 1/4 21W 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
150 ft. below land surface. Date 11-30-09
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 168'

From	To	Estimated Flow Rate	SWL
168	169	3	150
282	283	7	150

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
CLAY BROWN	0	6	
CLAYSTONE BEN	6	10	
SANDSTONE BEN	10	75	
SANDSTONE BLUE	75	140	150

Date started 11-17-09 Completed 11-30-09

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 1937
 Signed _____ Date 11-30-09

RECEIVED
 DEC 22 2004
 WATER RESOURCES DEPT
 SALEM, OREGON

Artesian Drilling, Inc.
 P.O. Box 3166
 Central Point, OR 97502
 (541) 772-1177

Debra Cordover