

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

OCI 11 2005

WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 78683

START CARD # 171018

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

(1) LAND OWNER Well Number _____
Name Ron Decker
Address 4264 Beagle Rd
City White City State Or Zip 97503

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 211 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10"	0	19	Cement	0	19	5 Sacks
6"	19	211				

How was seal placed: Method A B C D E
 Other _____
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: 6"	0	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	211	180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
131	211	1/8x8	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60GPM		211	1Hr

Temperature of water 61° 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 (legal description)
County Jackson
Tax Lot 411 Lot _____
Township 35 S Range 2 W WM
Section 12 NW 1/4 SE 1/4

Lat _____ or _____ (degrees or decimal)
Long _____ or _____ (degrees or decimal)

Street Address of Well (or nearest address) 4264 Beagle Rd.
White City, Or

(10) STATIC WATER LEVEL
16 ft. below land surface. Date 9-26-05
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 76

From	To	Estimated Flow Rate	SWL
76	207	60GPM	16

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Soil, Black	0	4	
Claystone, Brown	4	11	
Claystone Grey	11	211	16

Date Started 9-26-05 Completed 9-26-05

(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.

WWC Number Strain Date 9-26-05
Signed Ronald J. Winters

(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.

WWC Number 1207 Date _____
Signed Joey M. Mader