

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

AUG 02 2006
WELL LABEL # L 84579
WATER RESOURCES DEPT
SALEM, OREGON START CARD # 182313

(1) LAND OWNER Owner Well I.D. _____
First Name VERN Last Name ROLLINS
Company _____
Address 2210 So. Pacific Hwy
City TALAMON State OR Zip 97540

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other PUBLIC

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 65 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
			Cement	0		19
			GRAN. BENTONITE			40

How was seal placed: Method A B C D E
 Other PUMPED THROUGH OVER REAMER FROM BOTTOM
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4"	1	65 1/2	160	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method SAW
Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4"	25	65	3/32"	46"	72	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1 1/5		82	1/4 HR
2/3		62	1/4 HR

Temperature 74 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 38 S N/S Range 1 E E/W WM
Sec 31 B NW 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number _____ Lot _____
Lat _____ ° 0' _____ " or _____ DMS or DD
Long _____ ° 0' _____ " or _____ DMS or DD
 Street address of well Nearest address

2200 So. Pacific Hwy

(10) STATIC WATER LEVEL
Date _____ SWL (psi) _____ + SWL (ft) _____
Existing Well / Predeepening 7-27-06 3/4
Completed Well 7-29-06 6
Flowing Artesian?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
OVER-REAMER CASING TO DEPTH OF 20 FT AND PUMPED 17 SACKS CEMENT MIXED WITH 40 LB GRANULAR BENTONITE THROUGH OVER-REAMER FROM BOTTOM UP. TOPPED OFF SURFACE SHRINKAGE WITH 2 ADDITIONAL SACKS OF CEMENT.		
WELL BELIEVED TO BE 65 FT DEEP. WHEN CLEANING OUT, FOUND APPROX 65 FT OPEN THEN DRILLED TO 82 FT FINDING NUMEROUS BRIDGES. MATERIAL WAS DARK GREY TO BLACK SHALE WHICH IMMEDIATELY CAVED IN AT SEVERAL PLACES WHEN TOOLS WERE PULLED BACK TO 62 FT. DECIDED NOT TO FIND TRUE BOTTOM OF WELL BECAUSE OF CERTAINTY OF COLLAPSE. CIRCULATION CHARACTERISTICS OF DRILL CHIPS AND WATER SUGGESTS THAT HOLE DIAMETER IS MUCH LARGER THAN 6" IN SOME PLACES BELOW		

Date Started 7-27-06 Completed 7-28-06 65 FT.

(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.
License Number _____ Date _____
Password: (if filing electronically) _____
Signed _____

(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.
License Number 796 Date 7-30-06
Password: (if filing electronically) _____
Signed David [Signature]
Contact info (optional) _____