

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

JEFF
50138

AMENDED
L09529

12.5/46 134 BD
974008
(START CARD) #

(1) OWNER: Well Number _____
Name House on the Metolius
Address P.O. Box 100
City Camp Sherman State Ore. Zip 97730

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
4"	0 24'	Bentonite	0 24'	14	sk
4"	24' 106'				

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:	4"	0	24'	25'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	106'		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	106'	1/8"	22	6"		<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
			1 hr.

Temperature of water _____ 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 Jefferson Latitude _____ Longitude _____
Township 12S N or S Range 99E E of XXXX
Section 34 SE 1/4 NW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

House on the Metolius Lane
(10) STATIC WATER LEVEL:
50' ft. below land surface. Date 10-8-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 550'

From	To	Estimated Flow Rate	SWL
50'	106'	25+	50'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
sandy top soil	0	3'	
dark brwn clay cong	3'	21'	
fract over lava	21'	30'	
brn brwn rock	30'	35'	
hard gray lava	35'	72'	50'
brn rock congl	72'	103'	
hard gray lava	103'	106'	

RECEIVED

OCT 15 1996

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WATER RESOURCES DEPT.
SALEM, OREGON

JAN 24 1997

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-7-96 Completed 10-11-96

(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 _____
Date _____
Signed _____

(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 1000
Date 10-11-96
Signed _____

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

JEFF
50138 WELL I.D.# L09529

125/95/34 BD
(START CARD)# 1884

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

(1) OWNER: Well Number _____
Name House on the Metolius
Address P.O. Box 100
City Camp Sherman State Ore. Zip 97730

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
12"	0 24'	Bentonite	0 24'	14	sk
8"	-24 106'				

How was seal placed: Method A B C D E
 Other poured

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"	+1	24'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-6	106'		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-86'	106'	1/8x3	236	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
25+	0	106	1 hr.

Temperature of water 49 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 Jefferson Latitude _____ Longitude _____
Township 12S ~~N~~ or S Range 9E E or ~~W~~ ~~XXX~~
Section 34 SE 1/4 NW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

House on the Metolius Lane

(10) STATIC WATER LEVEL:
50' ft. below land surface. Date 10-8-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 50'

From	To	Estimated Flow Rate	SWL
50'	106'	25+	50'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
sandy top soil	0	3'	
dark brwn clay congl	3'	21'	
fract gray lava	21'	30'	
brkn brwn rock	30'	35'	
hard gray lava	35'	72'	50'
brkn rock congl	72'	103'	
hard gray lava	103'	106'	

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SALEM, OREGON

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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 1658
Signed [Signature] Date 10-11-96