

STATE OF OREGON
WATER SUPPLY WELL REPORT

(As required by ORS 537.247)

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

WELL I.D. # 1. 3055

START CARD # 13000

Klam
52825

(1) OWNER: Wall Number

Name Mike & Karen Noonan
Address 12000 Homedale Rd.
City Jarvis Falls, State OR Zip 97103

(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 120'
Explosives used Yes No Type Amount

SOLE				SEAL			
Diameter	From	To	Material	From	To	Soils or points	
20	0	21	3/8" port cement	0	30	37 sika	
14	20	200		30	70	35 sika	
22	200	520					

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

Backfill placed from ft. in ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

Casing	Diameter	From	To	Range	Steel	Plastic	Welded	Threaded
	14	0	21	200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Real location of shoe(s) 264

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Material	Slot type	Casing	Linear
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian
Yield gallons 2700 Drawdown 7.5 Depth static at Time 1 hr

Temperature of water 81.0 Depth Artesian Flow Found

Was a water analysis done? No Yes By whom

Did any tests contain water not suitable for intended use? No Yes The title

Salty Muddy Odor Colored Other

Depth of strata: 43-51

(9) LOCATION OF WELL by legal description:

County Washoe Latitude Longitude
Township 13S N or S Range 08 E or W. WM.
Section 2 T12 R14 S32 E14
Tax Lot 1100 Lot Block Subdivision
Street Address of Well (or nearest address):
12000 Homedale Rd.

(10) STATIC WATER LEVEL:
20' ft. below land surface. Date 7/10/01
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
05	51	10	35
575	777	2,700	57

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	1.5	
Brown clay & sand	1.5	2.5	
Brown sandstone	2.5	4	
Brown clay & coarse sand	4	7.0	
Red gravel over XXXXXXXXXXXX	7.0	7.5	
Sandstone	7.5	4.5	
Gray clay over packed sand	4.5	5.5	
Gray clay & coarse sand	5.5	7.0	
Gray clay	7.0	10.5	
Gray clay & shale	10.5	21.0	
Green shale	21.0	32.0	
Gray shale	32.0	57.5	
Gray broken basalt	57.5	62.0	57

RECEIVED
AUG 0 2 2001
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
AUG 3 0 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6/13/01 Completed 7/11/01
(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. Material used and information reported above are true to the best of my knowledge and belief.

Signed WWC Number 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.

Signed Larry D. Delaney WWC Number 1238 Date 7/31/01