

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

RECEIVED
MAY 30 1995

33s/18E/24cd
(START CARD) # 54906

12
Lake
4570

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPARTMENT, OREGON

(1) OWNER: Well Number _____
Name City of Paisley
Address P. O. Box 100
City Paisley State OR Zip 97636

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

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 15" | 0 | 23 | Bentonite | 0 | 23 | 11 |
| 8 5/8" | 23 | 124 | | | | |

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

Backfill placed from _____ ft. to _____ ft. Material None
Gravel placed from _____ ft. to _____ ft. Size of gravel None

(6) CASING/LINER:

| Casing/Liner | Diameter | From | To | Gauge | Material | | | |
|--------------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| Casing: | 8" | +1 | 124 | .25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) 124'

(7) PERFORATIONS/SCREENS:

Perforations Method Factory perforator
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 83 | 121 | 5/32 | 950 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | X2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|--------|
| 120 GPM | 30' | 100' | 1 hr. |
| 120 GPM | 29' | 100' | 6 Hrs. |

Temperature of water 40° Depth Artesian Flow Found NA
Was a water analysis done? Yes By whom NO
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NO
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Lake Latitude _____ Longitude _____
Township 33S N or S Range 18E E or W. WM.
Section 24 SE 1/4 SW 1/4
Tax Lot None Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) within right-of-way of dedicated street

(10) STATIC WATER LEVEL:
52' ft. below land surface. Date 5-8-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 30 | 35 | 20 | 11 |
| 43 | 58 | 15 | 50 |
| 70 | 89 | 70 | 53 |
| 97 | 124 | 70 | 52 |

(12) WELL LOG:
Ground Elevation 4430

| Material | From | To | SWL |
|-------------------------------|------|-----|-----|
| Loam | 0 | 2 | |
| Loose medium cobble | 2 | 15 | |
| Brown clay | 15 | 30 | |
| Medium round gravel | 30 | 35 | 11 |
| Brown clay | 35 | 43 | |
| Cemented gravel | 43 | 58 | 50 |
| Brown clay | 58 | 70 | |
| Med. cobble, med. sand/gravel | 70 | 89 | 53 |
| Hard brown clay | 89 | 97 | |
| Coarse sand & med. gravel | 97 | 124 | 52 |

Date started 4-27-95 Completed 5-8-95

(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.
WVC 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.
WVC Number 766
Signed [Signature] Date 5/11/95