

# RECEIVED

JUL 13 1995

265/15E/13CC

## STATE OF OREGON WATER WELL REPORT

(as required by ORS 537.765)

(START CARD) # 71312

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

WATER RESOURCES DEPT.

SALEM, OREGON

### (1) OWNER:

Name DUNSDALE Farm & Equipment Co  
Address HC 66 Box 9606  
City Silver Lake State OR Zip 97638

Well Number

### (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 585 ft.  
Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

#### HOLE

#### SEAL

| Diameter | From | To  | Material | From | To | Sacks or pounds |
|----------|------|-----|----------|------|----|-----------------|
| 19"      | 0    | 90  | Cement   | 0    | 90 | 10.5 sacks      |
| 10"      | 95   | 585 | —        | —    | —  | —               |

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: 14" | 15   | 95 | 250   | <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)

### (7) PERFORATIONS/SCREENS:

☐ Perforations Method \_\_\_\_\_  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot size | Number | Diameter | Tele. pipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|-----------------|--------------------------|--------------------------|
|      |    |           |        |          |                 | <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"/> | <input type="checkbox"/> |
|      |    |           |        |          |                 | <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 ☐ Bailer ☒ Air ☐ Flowing  
Yield gal/min 1500 Drawdown \_\_\_\_\_ Drill stem at 585 Time 1 hr

Temperature of water 58 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 LAKE Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 14S N or S Range 10E E or W. WM. \_\_\_\_\_  
Section 13 SW 1/4 SW 1/4 \_\_\_\_\_  
Tax Lot 1800 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) County RD 510C

### (10) STATIC WATER LEVEL:

36' 3" ft. below land surface. Date 6/9/95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

### (11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

| From | To  | Estimated Flow Rate | SWL    |
|------|-----|---------------------|--------|
| 70   | 153 | 300 GPM             | 22'    |
| 305  | 310 | 400 GPM             | 27'    |
| 345  | 400 | 800 GPM             | 27'    |
| 570  | 585 | 1500 GPM            | 26' 3" |

### (12) WELL LOG:

Ground Elevation \_\_\_\_\_

| Material               | From | To  | SWL |
|------------------------|------|-----|-----|
| BROWN CLAY             | 0    | 4   |     |
| BROWN CLAYSTONE        | 4    | 22  |     |
| SANDSTONE GRAY         | 22   | 50  |     |
| GRAY CLAYSTONE         | 50   | 59  |     |
| BROWN CLAYSTONE        | 59   | 75  |     |
| BROWN SANDSTONE        | 75   | 80  |     |
| RUSTY SANDSTONE        | 80   | 90  |     |
| GRAY BASALT            | 90   | 85  |     |
| SAND & GRUNDS          | 105  | 113 |     |
| BASALT & BLACK CINDERS | 113  | 153 | 22' |
| BROWNSTONE             | 153  | 227 |     |
| BLACK BASALT           | 227  | 230 |     |
| BROWN SANDSTONE        | 230  | 235 |     |
| BROWN CLAYSTONE        | 235  | 240 |     |
| GRAY CLAYSTONE         | 240  | 250 |     |
| BASALT & CINDERS BROWN | 250  | 252 |     |
| GRAY CLAYSTONE         | 252  | 305 |     |
| BLACK CINDERS          | 305  | 310 | 27' |
| GRAY CLAYSTONE & SAND  | 310  | 365 |     |
| BLACK BASALT & CINDERS | 365  | 400 | 27' |

Date started 5/31/95 Completed 6-9-95

### (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.

Signed [Signature] WWC Number 1662  
Date 7/10/95

### (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 [Signature] WWC Number 367  
Date 7-7-95

JUL 13 1995

## STATE OF OREGON WATER WELL REPORT

(as required by ORS 537.765)

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

WATER RESOURCES DEPT (START CARD) # 71212  
SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
Name DINS DALE FARM & EQUIPMENT CO  
Address 14000 NW 9606  
City SILVER LAKE State OR Zip 97163

(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 585 ft.  
Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     |          | SEAL |    |                 |  |
|----------|------|-----|----------|------|----|-----------------|--|
| Diameter | From | To  | Material | From | To | Sacks or pounds |  |
| 19"      | 0    | 95  | Cement   | 0    | 95 | 105 Sacks       |  |
| 18"      | 95   | 585 | —        | —    | —  | —               |  |

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: 14" | 1+   | 95 | 23D   | <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) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

| From                                               | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|----------------------------------------------------|----|-----------|--------|----------|----------------|--------|-------|
| (This section is crossed out with a diagonal line) |    |           |        |          |                |        |       |

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

| Pump                     | Bailer                   | Air                                 | Flowing                  |
|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Yield gal/min 1500 Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr

Temperature of water 38 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 LAKE Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 92S N or S Range 15E E or W. WM. \_\_\_\_\_  
Section 13 SW 1/4 SW 1/4 \_\_\_\_\_  
Tax Lot 1800 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) COUNTY RD 5-10C

(10) STATIC WATER LEVEL:  
36'3" ft. below land surface. Date 6/9/95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found \_\_\_\_\_

| From | To  | Estimated Flow Rate | SWL   |
|------|-----|---------------------|-------|
| 80   | 153 | 300 GPM             | 22    |
| 305  | 310 | 400 GPM             | 27    |
| 365  | 400 | 800 GPM             | 27    |
| 570  | 585 | 1500 GPM            | 36'3" |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                | From | To  | SWL   |
|-------------------------|------|-----|-------|
| BLACK CINDERS           | 400  | 417 |       |
| BASALT BROKEN CINDERS   | 417  | 453 |       |
| BROWN LAVA ROCK         | 453  | 455 |       |
| BLACK CINDERS           | 455  | 570 |       |
| CLAYSTONE               |      |     |       |
| BASALT BROKEN & CINDERS | 570  | 585 | 36'3" |

Date started 5/31/95 Completed 6-9-95

(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.  
Signed [Signature] WWC Number 1662 Date 7-10-95

(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 Melvin Search WWC Number 1567 Date 7-7-95