

RECEIVED

STATE OF OREGON JUN 18 1997 WELL I.D.# 208611
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.005) SALEM, OREGON
Instructions for completing this report are on the last page of this form.

Lake 50423

(START CARD) # 096608

(1) OWNER: Well Number _____
Name ELDORADO INVESTMENTS, INC.
Address PO BOX 428
City ONTARIO State OR Zip 97914

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	24	Bentonite	0	24	12 sacks
8"	24	400				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material NA
Gravel placed from _____ ft. to _____ ft. Size of gravel NA

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	320	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) 320

(7) PERFORATIONS/SCREENS:

Perforations Method NONE
 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"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
43	250	319	1 hr.
34	240	319	4 HR

Temperature of water 78° 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 NO
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County LAKE Latitude _____ Longitude _____
Township 39 S N or S Range 20 E E or W. WM.
Section 22 NW 1/4 NE 1/4
Tax Lot 690 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Highway 395 south

(10) STATIC WATER LEVEL:
34 ft. below land surface. Date 5/10/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 332

From	To	Estimated Flow Rate	SWL
332	400	35	34

(12) WELL LOG:
Ground Elevation 4900

Material	From	To	SWL
Black Loam	0	4	
Cemented Brown clay	4	42	
Blue clay	42	85	
Cemented white clay	85	97	
Blue clay	97	130	
Fractured shale	130	140	
Blue clay	140	151	
Black Basalt	151	156	
Brown clay	156	200	
Grey clay	200	246	
Fractured shale	246	277	
Brown clay	277	290	
Black Basalt	290	298	
Brown sandy clay	298	302	
Black Basalt	302	332	
MULTI colored fine gravel	332	347	34
Fractured shale grey clay	347	360	
MULTI colored med gravel	360	400	34

Date started 4-10-97 Completed 5-15-97

(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 _____ 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 [Signature] WWC Number 766 Date 6/16/97