

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.

WELL I.D. # 41884

START CARD # 116494

(1) OWNER: Well Number _____
 Name J-SPEAR RANCH CO.
 Address 22952 CLOVER FLAT RD.
 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 180 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
<u>12</u>	<u>0</u>	<u>28</u>	<u>Bentonite</u>	<u>0</u>	<u>28</u>	<u>32 Sacks</u>	
<u>10</u>	<u>28</u>	<u>180</u>					

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:	<u>8"</u>	<u>12</u>	<u>148</u>	<u>1250</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 148

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Down hole perforator
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>80</u>	<u>140</u>	<u>1/2 x 2</u>	<u>731</u>			☒	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
<u>100</u>		<u>170</u>	<u>1 hr.</u>

Temperature of water 54° Depth Artesian Flow Found •
 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 None
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County LAKE Latitude _____ Longitude _____
 Township 34S N or S Range 19E E or W. WM.
 Section 20 SE 1/4 NW 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) County RD 2-10A

(10) STATIC WATER LEVEL:

54 ft. below land surface. Date 8-16-00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
<u>80</u>	<u>174</u>	<u>125</u>	<u>54</u>

(12) WELL LOG:

Ground Elevation 4350

Material	From	To	SWL
<u>Sandy clay w/ med. Gravel</u>	<u>0</u>	<u>18</u>	
<u>Brown clay / cobble</u>	<u>18</u>	<u>48</u>	
<u>Brown claystone</u>	<u>48</u>	<u>80</u>	
<u>Cobble</u>	<u>80</u>	<u>140</u>	<u>54</u>
<u>Gravel Course</u>	<u>140</u>	<u>161</u>	<u>54</u>
<u>Brown claystone</u>	<u>161</u>	<u>168</u>	
<u>Gravel Course</u>	<u>168</u>	<u>174</u>	<u>54</u>
<u>Brown clay</u>	<u>174</u>	<u>180</u>	

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SEP 11 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8-10-00 Completed 8-16-00

(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 _____

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 266

Signed Tom Luman Date 8-18-00