

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

WELL I.D. # L 31307
START CARD # 121958

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

(1) OWNER: Well Number _____

Name Bob TRASS
Address P.O. BOX 55
City CAMP SHERMAN State OREGON Zip 97730

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

| HOLE | | | SEAL | | | |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 13" | 0 | 59 | BENTONITE | 0 | 59 | 51 SACKS |
| 8" | 59 | 225 | | | | |

How was seal placed: Method A B C D E
 Other 3/8" Hole Plug Poured
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: 8" | +1 | 59 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: NONE | | | | <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 |
|------|----|-----------|--------|----------|----------------|--------|-------|
| NONE | | | | | | | |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 70+ | | 100 | 1 hr. |

Temperature of water 50° Depth Artesian Flow Found _____
Was a water analysis done? NO 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 27 ~~N~~ S Range 16 E ~~1~~ WM.
Section 16 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) OFF County Rd 514

(10) STATIC WATER LEVEL:
34 ft. below land surface. Date 3-31-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 135'

| From | To | Estimated Flow Rate | SWL |
|------|-------|---------------------|-----|
| 135 | 136 | 60 gal min | 34 |
| 169 | 169.5 | 10 gal min | 34 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------|-------|-------|-----|
| TOP SOIL SANDY BRN | 0 | 2 | |
| DIATOMITE | 2 | 32 | |
| CLAY GRAY | 32 | 135 | |
| PUMICE COURSE Black | | | |
| SAND mixed | 135 | 136 | 34 |
| CLAY GRAY | 136 | 169 | |
| PUMICE COURSE | 169 | 169.5 | 34 |
| CLAY GRAY | 169.5 | 225 | |

RECEIVED

APR 04 2001

WATER RESOURCES DEPT
SALEM, OREGON

Date started 3-26-01 Completed 3-31-01

(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. 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 Claude Blackman WWC Number 657 Date 3-31-01