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. # L <u>66082</u> START CARD # <u>157686</u>

more determined the compressing time report and on the most page of time for mi					
(1) LAND OWNER , Well Number	(9) LOCATION OF WELL by legal description:				
Name GERALD & MARY LOU GOULD	County LAKi Latitude Longitude				
Address 15597 DIAMOND Rd	Township 405 N or S Range 191 E or W. WM.				
City LAKIVILL State OR Zip 97630		18 NE 11			
(2) TYPE OF WORK	Tax LotBlockSubdivision				
New Well Deepening Alteration (repair/recondition) Abandonment	Street Address of Well (or nearest address) 15597 DinnondRe				
	Street Address of	Well (or nearest addre	(ss)/	(Dilla	OMEN
(3) DRILL METHOD:	(40) 000 100 000 100	WE I DIVE			
⊼Rotary Air □ Rotary Mud □ Cable □ Auger	(10) STATIC WAT			D. 4	local
Other					
(4) PROPOSED USE:	Artesian pressurelb. per square inchlb.				
☐ Domestic ☐ Community ☐ Industrial 【 Irrigation	(11) WATER BEARING ZONES:				
☐ Thermal ☐ Injection ☐ Livestock ☐ Other	Depth at which water was first found27				
(5) BORE HOLE CONSTRUCTION:					
Special Construction approval Yes No Depth of Completed Well 16 ft.	From	То	Estimated Flow Rate SWL		
Explosives used Yes No Type Amount Amount	27	110	-350	<u> </u>	13
HOLE SEAL					
Diameter From To Material From To Sacks or pounds 18' 0 110 Cement 0 22 150 Sacks					
	(12) WELL LOG:				
How was seal placed: Method □A □B ▼C □D □E	(12) WELL LOG:	ound Elevation	4750		
Other		and Exevation	,,,		
Backfill placed fromft. toft. Material	Mate	erial	From	То	SWL
Gravel placed from 22 ft. to 97 ft. Size of gravel 3/8 "	Brown Cl	a.v	0	.3	
(6) CASING/LINER:	CINY W/m		3	11	
Diameter From To Gauge Steel Plastic Welded Threaded	Cemented		11	13	
Casing: 10" + 2 110 · 250 X	Sandy Cl		/3	27	
	Course.		27	64	/3
	1		64	67	13
	Grey Cla		67	67	13
Liner:	med Rou		97	110	13
	medi Ken	46 Gravel	1	1,,0	1.2
Drive Shoe used ☐ Inside ☐ Outside ☒ None				-	
Final location of shoe(s)				 	
(7) PERFORATIONS/SCREENS:			DECE	VICE	
Perforations Method FACTORY SAWED STOTS			PECEI	YEU	
Screens Type Material		_		Ban:	
Slot Tele/pipe			JUL 0 2	X004	
From To size Number Diameter size Casing Liner $70 1/0 \frac{3}{32} \times 4 760 $	WATER RESOURCES DEPT			1	
		74:	SALEM, OF	HEGON	<u>'</u>
				1	
(8) WELL TESTS: Minimum testing time is 1 hour	Date started 5-/	9-04 C	ompleted	<u> 28-0</u>	4
Flowing	(unbonded) Water We				
□ Pump □ Bailer Z Air □ Artesian	I certify that the wo	ork I performed on th	e construction, alt	eration, or aba	andon-
Yield gal/min Drawdown Drill stem at Time	ment 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				
300 7 80 1hr.	knowledge and belief.	ed and information re	eported above are	true to the bes	st of my
	WWC Number				
	Signed Date				
Temperature of water 54° Depth Artesian Flow Found	(bonded) Water Well			,	
Was a water analysis done? Yes By whom MCLL	I accept responsibil	ity for the construct	on, alteration, or a	abandonment	work
	I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work				
Did any strata contain water not suitable for intended use? ☐ Too little ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ☐ Other ☐ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	performed during this time is in compliance with Oregon water supply well				
Depth of strata:	construction standards. This report is true to the best of my knowledge and belief. WWC Number 766 Signed Date 6/19/04				
Depiti of Suata.	Signed One	N France	٠	Date <u>6/2</u>	9/04
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ORIGINAL – WATER RESOURCES DEPARTMENT FIRST	Γ COPY – CONSTRU	CTOR SECO	ND COPY – C	USTOMER	₹ .