

JUN 27 2005

STATE OF OREGON

WATER SUPPLY WELL REPORT WATER RESOURCES DEPT  
(as required by ORS 537.765) SALEM, OREGON

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

(1) LAND OWNER: RON La Fanchin Well Number \_\_\_\_\_  
Address 540 N CENTRAL  
City Cogville State OR Zip 97423

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

HOLE SEAL  
Diameter From To Material From To Sacks or pounds  
16" 0 129 Cement 0 129 125 sacks

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E  
☐ Other \_\_\_\_\_  
Backfill placed from 129 ft. to 100 ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:  
Diameter From To Gauge Steel Plastic Welded Threaded  
Casing: 16" 0 129 250 ☒ ☐ ☒ ☐  
Liner: \_\_\_\_\_  
Drive Shoe used ☐ Inside ☐ Outside ☐ None  
Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
☐ Perforations Method \_\_\_\_\_  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour  
☐ Pump ☐ Bailer ☒ Air ☐ Flowing  
Yield gal/min Drawdown Drill stem at Time  
500 50' 50' 1 hr.

Temperature of water 54' 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 26 N or S Range 15 E or W. WM.  
Section 23 NE 1/4 NE 1/4  
Tax Lot 290 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 60377 FOUNTAIN  
ROAD FOUNTAIN OR 976355

(10) STATIC WATER LEVEL:  
27 ft. below land surface. Date 6-20-04  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found \_\_\_\_\_  
From To Estimated Flow Rate SWL  
220 225 500 + gal \_\_\_\_\_

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_  
Material From To SWL  
TOP SOIL 0 3 \_\_\_\_\_  
Brown Clay 3 120 \_\_\_\_\_  
Green Clay 120 130 \_\_\_\_\_  
Gray Lamin Rock 130 229 \_\_\_\_\_  
Green Clay 229 250 \_\_\_\_\_  
Green Clay 250 325 \_\_\_\_\_  
Brown Clay 325 455 \_\_\_\_\_  
Black Sand 455 480 \_\_\_\_\_  
Gray Clay 480 500 \_\_\_\_\_

Date started 3-16-04 Completed 6-20-04

(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 1654  
Signed [Signature] Date 6-25-04

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

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NOV 13 2006  
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