

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

WELL I.D. # L 86837START CARD # 188620

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

(1) LAND OWNER Well Number _____
Name LARRY GRASSMAN
Address PO BOX 101
City CHRISTMAS VALLEY State OR Zip 97601

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 360 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
24"	0	99	Cement	0	99	90 Sack
16"	99	360				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16"	99	99	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"/>

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
						<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
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1500+		360	1 hr

Temperature of water 53° Depth Artesian _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ No ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County Lake
Tax Lot 2703 Lot _____
Township 27 N or S Range 18 E or W WM
Section 7 SW 1/4 SW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 88311 Sunshrub Ln
2703 ON 97601

(10) STATIC WATER LEVEL
27 ft. below land surface. Date 3-20-07
_____ ft. below land surface. Date 3-20-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
120	125	500 gal	

(12) WELL LOG

Material	From	To	SWL
TOP Soil	0	2	
Green Clay	2	100	
Gray Clay Pumice	100	125	
Gravel (Clay)	125	260	
Clay (Clay) WB	260	280	
Pumice	280	300	
Gravel (Clay)	300	360	

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MAR 04 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 3-12-07 Completed 3-20-07

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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 _____ Date AUG 06 2010

Signed _____ WATER RESOURCES DEPT

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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 16541 Date 5-11-07

Signed _____

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 86837START CARD # 188620

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

(1) LAND OWNER Well Number _____
 Name Larry Grassman
 Address PO Box 101
 City Christmas Valley State OR Zip 97611

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
 Depth of Completed Well 360 ft.
 Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
24"	0	99	Cement	0	99	90 Sack
16"	99	360				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel				Plastic				Welded				Threaded			
					16"	18"	20"	24"	1/2"	3/4"	1"	1 1/4"	1 1/2"	2"	2 1/2"	3"	3 1/2"	4"	4 1/2"	5"
16"	16"	0	99	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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
						<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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min 1500+ Drawdown _____ Drill stem at 350 Time 1 hr

Temperature of water 53° Depth Artesian _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Yes ☐ No little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County Lake
 Tax Lot 2703 Lot _____
 Township 27 N or S Range 18 E or W WM
 Section 7 1/4 _____ 1/4 _____

Lat _____° _____' _____" or _____ (degrees or decimal)
 Long _____° _____' _____" or _____ (degrees or decimal)

Street Address of Well (or nearest address) No Address assigned

(10) STATIC WATER LEVEL

27' ft. below land surface. Date 3-20-07
 _____ ft. below land surface. Date 3-20-07
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 500 gal

From	To	Estimated Flow Rate	SWL
120	125	500 gal	

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
TOP Soil	0	2	
Green Clay	2	100	
Gray Clay Pumice	100	125	
Gray Clay	125	260	
Clay Clay w/B	260	280	
Pumice	280	300	
Glauk Clay	300	360	

Date Started 3-12-07 Completed 3-20-07

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

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WWC Number 165-1 Date 5-11-07

Signed [Signature]

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MAY 23 2007

WATER RESOURCES DEPT
 SALEM, OREGON