LAKE 52306

04-06-2011

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 102411

START CARD # 1012457

(1) LAND OWNER

Owner Well I.D. _____

First Name FRANCISCO Last Name MONCADA
Company
Address P.O. BOX 32
City ADEL State OR Zip 97620

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [X] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 142.00 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amt	sacks/ lbs
10	0	18	Bentonite	0	18	34	S
6	18	142					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other poured dry
Backfill placed from ____ ft. to ____ ft. Material ____
Filter pack from ____ ft. to ____ ft. Material ____ Size ____
Explosives used: [ ] Yes Type ____ Amount ____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(●)	( )	6	[X]	3	142	0.250	(●)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [X] Inside [X] Outside [ ] Other Location of shoe(s) 142
Temp casing [ ] Yes Dia ____ From ____ To ____

(7) PERFORATIONS/SCREENS

Perforations Method downhole perforator
Screens Type ____ Material ____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing		85	135	.25	1	1,280	

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

( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
8.5		141	1

Temperature 53 °F Lab analysis [ ] Yes By ____
Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lake Twp 40.00 S N/S Range 23.00 E E/W WM
Sec 13 NE 1/4 of the NE 1/4 Tax Lot 601
Tax Map Number ____ Lot ____
Lat ° ' " or ____ DMS or DD
Long ° ' " or ____ DMS or DD
( ) Street address of well ( ) Nearest address

TWENTYMILE ROAD
ADEL, OR 97620

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	04-06-2011	46	[ ]	46

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 90

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
02-23-2011	90	142	8.5		[ ]	46
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation ____

Material	From	To
top soil brown	0	1
brown sandy clay	1	12
brown sandy gravel	12	21
brown sand	21	23
brown sandy gravel	23	142

Date Started 02-09-2011 Completed 02-23-2011

(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.

License Number 1890 Date 04-06-2011
Electronically Filed
Signed ALAN T WHITE (E-filed)

(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.

License Number 1716 Date 04-06-2011
Electronically Filed
Signed SONDA R LANDAU (E-filed)
Contact Info (optional) ____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK