

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

LANE
 51582

LO2148
 (START CARD) # 92796

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

(1) OWNER: Well Number _____
 Name DIAMOND Wood Golf
 Address 96096 TERRITORIAL Hwy
 City MORROC State OREGON Zip 97456

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Cement	0	19	7
6	19	110				

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	110	160 ^F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type 1/4" Round Holes Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	110	1/4" RH	350			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20		107	1 hr.

Temperature of water 59 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 LANE Latitude _____ Longitude _____
 Township 15 N or S Range 5 E or W M.
 Section 9 SW 1/4 SE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date 9-25-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 89

From	To	Estimated Flow Rate	SWL
89	91	20	29

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Brown Sandstone (soft)	0	8	
Lt. Blue Sandstone	8	59	
Grey Sandstone	59	93	
Lt Blue Sandstone	93	110	

RECEIVED

OCT 21 1996

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9-25-96 Completed 9-25-96

(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 Gregory K... WWC Number 749
 Date 9-27-96