

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

lane
54067

WELL I.D.# W4823

(START CARD) # 102183

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

(1) OWNER: Well Number
Name PACIFIC CASCADE INDUSTRIES
Address PO BOX 2140
City JASPER State OR Zip 97438

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

HOLE		SEAL		Sacks of pounds	
Diameter	From To	Material	From To		
10"	0' 10'	Bentonite Cement	0' 10'	33	11
6"	38' 120'				

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
6"	12'	38'	120'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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 120 gpm Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 38° 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 43°58'6"N Longitude 122°52'6"W
Township 18 N or S 02 Range 02 E or W WM
Section 35 1/4 _____ 1/4 _____
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) LOWELL RD, JASPER OR

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 9/9/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL
40'	80'	175 GPM	10'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SAND & GRAVEL	0	24	
HARD BLUE SANDSTONE	24	75	10
MEDIUM GREY SANDSTONE	75	120	10

RECEIVED
NOV - 6 1997
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9/9/97 Completed 9/9/97
(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 1553
Signed Shirley Edwards Date 9/10/97