STATE OF OREGON

WELLI.D. #L 25878 WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form. START CARD# //6806

(1) OWNER: Name Crry Smathers Address 9 130 Donna Road City Springfield State Ovegon Zip 9 7 4 7 8 (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 40 ft. Explosives used Yes Anount SEAL Diamester, From To Material From To Sacks or posseds S. 5 96 440	(9) LOCATION OF WELL by legal description: County
How was seal placed: Method A B C D E	(12) WELL LOG: Ground Elevation Opp. 4/00
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 Welder Threaded Casing:	Material From To SWL Sandstone (Bray-White) 96 //4 Sandstone (Brown-white) //4 /22 Sandstone (Brown-Blad) /22 /3/ Sandstone (Gray-Blad) /3/ /40 // LU/ Tractures
Perforations Method	OCT 0.7 1998 WATER RESOURCES DEPT. SALEM, OREGON
(8) WELL TESTS: Minimum testing time is 1 hour Pump	Date started
Temperature of water Depth Artesian Flow Found Was a water analysis done? Yes By whom Water Analysis Did any strata contain water not suitable for intended use? Too little Too little Depth of strata: Other Depth of strata:	(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 Date 10-4-98