| | | | | T | Page 1 of 1 |
|---------------------------------------------------------------------------------------|---------------|----------------------------------------|-----------------------------------------------------------------------|------------------------|----------------------|
| STATE OF OREGON | LANE | 73514 | WELL I.D. LABEL# | | |
| WATER SUPPLY WELL REPORT | 11/11 | /2014 | START CARD # | 211714 | |
| (as required by ORS 537.765 & OAR 690-205-0210) | 11/11 | /2014 | ORIGINAL LOG # | LANE 57 | 697 |
| (1) LAND OWNER Owner Well I.D. First Name SUSAN Last Name LEE | | | | | |
| Company Last Name LEE | | | ON OF WELL (legal of | | |
| Address PO BOX 66 | | | Twp <u>17.00 S N</u> | | |
| City ELMIRE State OR Zip 97437 | | $\frac{\text{Sec}}{25} = \frac{25}{5}$ | W 1/4 of the <u>NE</u> | 1/4 Tax Lot 2 | 2300 |
| (2) TYPE OF WORK New Well X Deepening Con | version | Tax Map Numbe | or' or' ' or' | Lot | DMS or DD |
| Alteration (complete 2a & 10) Abandonment(c | complete 5a) | Lat | | | DMS or DD |
| (2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd | | Long | eet address of well Ne | earest address | |
| | | | ORIAL RD, ELMIRA OR | | |
| Material From To Amt sacks/lbs | | | , | | |
| Seal: | | | | | |
| (3) DRILL METHOD | | (10) STATIC | C WATER LEVEL | | |
| X Rotary Air Rotary Mud Cable Auger Cable Mud | | Existing We | ell / Pre-Alteration | e SWL(psi) · | + SWL(ft) |
| Reverse Rotary Other | | Completed V | | 4 | 64 |
| (4) PROPOSED USE Domestic Irrigation Community | y | | Flowing Artesian? | Dry Hole? |] |
| Industrial/ Commericial Livestock Dewatering | | WATER BEARI | NG ZONES Depth w | ater was first found | 1 124.00 |
| Thermal Injection Other | | SWL Date | From To Es | t Flow SWL(psi) | + SWL(ft) |
| (5) BORE HOLE CONSTRUCTION Special Standard | (Attach copy) | 10/17/2014 | 124 140 | 30 | |
| Depth of Completed Well <u>140.00</u> ft. | (Autaen copy) | 10/17/2014 | 124 140 | 30 | 64 |
| BORE HOLE SEAL | sacks/ | | | | |
| | Amt lbs | | | | |
| 10 	 0 	 40 Bentonite 	 0 	 140 | 34 S | | | | |
| 8 40 140 | | | | | |
| | | (11) WELL I | COG Ground Elevation | on | |
| How was seal placed: Method A B C D | E | | Material | From | То |
| X Other POURED | | top soil | | 0 | 1 |
| Backfill placed from <u>40</u> ft. to <u>138</u> ft. Material <u>BENENITI</u> | | medium clay | | 1 | 32 |
| Filter pack from ft. to ft. Material Size | | sandy clay clay/sand fine | | 32 40 | 40 50 |
| Explosives used: Yes Type Amount | | sandy clay | | 50 | 67 |
| (5a) ABANDONMENT USING UNHYDRATED BENTON | ITE | brown sandy silt | | 67 | 92 |
| Proposed Amount Actual Amount | | blue sand with g | ravel | 92 | 140 |
| (6) CASING/LINER | | | | | |
| Casing Liner Dia + From To Gauge Stl Plstc | | | | | |
| ● <u>6</u> <u>×</u> <u>2</u> <u>138</u> <u>.250</u> ● <u></u> | | | | | |
| | | | | | |
| | H H | | | | |
| | HH | | | | |
| Shoe Inside Outside Other Location of shoe(s) | | | | | |
| Temp casing Yes Dia From To | | | | | |
| (7) PERFORATIONS/SCREENS | | | | | |
| Perforations Method | | | | | |
| Screens Type Material | | Date Started1 | 0/15/2014 Com | plete <u>10/17/20</u> | 14 |
| Perf/ Casing/ Screen Scrn/slot Slot # of | | (unbonded) Wa | ater Well Constructor Certif | ication | |
| Screen Liner Dia From To width length slots | s pipe size | · / | e work I performed on the co | | ning, alteration, or |
| | | abandonment o | f this well is in compliance | ce with Oregon v | water supply well |
| | | | ndards. Materials used and ir | nformation reported | d above are true to |
| | | - | nowledge and belief. | | |
| | | License Number | r <u>1859</u> D | Date <u>10/21/2014</u> | |
| (8) WELL TESTS: Minimum testing time is 1 hour | | Signed CHES | STON 'CHET' HENDRICKSO |)N (E-filed) | |
| \bigcirc Pump \bigcirc Bailer \bigcirc Air \bigcirc Flowing Air | Artesian | | | · · · · · | |
| Yield gal/min Drawdown Drill stem/Pump depth Duration | (hr) | · · · · | Well Constructor Certifica | | |
| 30 140 1 | ——— | | sibility for the construction, of on this well during the constru- | | |
| | | | on this well during the constru- ng this time is in complian | | |
| Temperature 56 °F Lab analysis Yes By | | | dards. This report is true to the | | |
| | | License Number | 1553 D | ate 10/27/2014 | |
| Water quality concerns? Yes (describe below) TDS amount From To Description Amount | Units | | | 10/2//2014 | |
| | | | HENDRICKSON (E-filed) | | |
| | | Contact Info (op | tional) 1553 | | |

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