MERCIAL

STATE OF OREGON JAN -4 1988 WATER WELL REPORT (as required by ORS 537.765) RESOUROF LOCATION OF WELL by legal description: (1) OWNER EM. OREGON LANC Latitude Longitude Township 165 Nor S, Range. WORK: Tax Lot ____ ☐ Recondition Street Address of Well (or nearest address) DRILL METHOD Rotary Air Rotary Mud (10) STATIC WATER LEVEL: ☐ Cable Other ft. below land surface. (4) PROPOSED USE: _____ Ib. per square inch. ☐ Domestic Community Industrial (11) WATER BEARING ZONES: ☐ Thermal Other _ ☐ Injection Depth at which water was first found 6 BORE HOLE CONSTRUCTION: ial Construction approval Yes No Estimated Flow Rate Depth of Completed Well Yes No b. 0 Type Amount HOLE Amount To sacks or pounds Diameter From Material Cerken (12) WELL LOG: Ground elevation То From SWL 0 How was seal placed: Method A A B C 16 Backfill placed from ___ _ft. to _ Material Gravel placed from __ ft. to _____ ft. Size of gravel (6) CASING/LINER: Diameter , From Gauge Steel Plastic Welded Threaded Liner: location of shoe(s) _ PERFORATIONS/SCREENS: Perforations Method _ Screens Material Tele/pipe To Number, Diameter Casing Liner \Box П Date started Completed (unbonded) Water Well Constructor Certification: (8) WELL TESTS: Minimum testing time is 1 hour I certify that the work I performed on the construction, alteration, or Flowing Artesian ☐ Pump Air abandonment of this well is in compliance with Oregon well construction ☐ Bailer standards. Materials used and information reported above are true to my best Yield gal/min Drawdown Drill stem at Time knowledge and belief. / 1 hr.

Signed 1

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _

Yes By whom.

Did any strata contain water not suitable for intended use?

Too little

Depth Artesian Flow Found

Temperature of water

Depth of strata:

Was a water analysis done?

"START CARD"

NOTICE OF BEGINNING OF WELL CONSTRUCTION (as required by ORS 537.762)

JAN - 7 1988

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

| Owner's Name and Junetin (ety 5 claral Dift 69 Mailing Address 325 Maple Sff Junetin (ety) 07 77448 |
|---|
| Proposed Commencement Date 11-7 4-87 |
| Proposed Well Depth |
| Proposed Well Location: County LANC |
| Township 169 (Nors) Range 5 (E or W) Section 20 |
| At least 2 of these must be provided 2. street address of |
| The transfer of the second of |
| We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields. Water Resources Department if required. |

Form 537.762 1987