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SEP 11 1997

STATE OF OREGON ^{line 50436}
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPARTMENT (CARD) # 99061
SALEM, OREGON

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

(1) OWNER:

Well Number L16237

Name Rose Lodge H₂O Co.
Address P.O. box 137
City Rose Lodge State Oregon Zip 97372

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	38	concrete	1	27	9
			bentonite	27	38	13
6"	38	403				

How was seal placed: Method A B C D E
 Other bentonite poured dry Temporary
Backfill placed from _____ ft. to _____ ft. Material Casing to 25'
Gravel placed from _____ ft. to _____ ft. Size of gravel 1

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6"	+1	39	.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39'

(7) PERFORATIONS/SCREENS:

From		To		Stor size	Number	Diameter	Material	
To		To					Tele/plpe size	Casing
							<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
8 gpm	360'	403	1 hr.

Temperature of water 53° 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 Lincoln Latitude _____ Longitude _____
Township 7 N or Range 9 E or WM.
Section 9 NE 1/4 NE 1/4
Tax Lot 45 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 974 S. ...

(10) STATIC WATER LEVEL:

43 ft. below land surface. Date 9-8-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 17'

From	To	Estimated Flow Rate	SWL
17	18	2	—
87	107	6 1/2	43
283	284	1 1/2	43

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	—
brown clay	1	12	—
small/large boulders w/ clay	12	22	—
grey clay stone (fractured)	22	23	—
Grey Claystone (hard)	23	403	43

* * * LINER Not Installed @ * * *
Customer's Request
Dickerson Well Drilling Inc.
pH# (503) 623-2664

Date started 9-4-97 Completed 9-8-97

(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 1571
Signed William A. Blair Date 9-9-97