

LINC
5116

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 16237
START CARD # 132908

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

(1) OWNER: Well Number 2
Name Rose Lodge H2O Co.
Address P.O. box 137
City Rose Lodge State Ore Zip 97372

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other Pump Hoist

(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	
Diameter	From To	Material	From To Sacks or pounds
<u>original</u>			

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
Casing:	<u>original</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Skilaw
 Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>80</u>	<u>403</u>	<u>6"</u>	<u>6"</u>	<u>1/8"</u>	<u>4"</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
liner installed (original flow)

Temperature of water NA Depth Artesian Flow Found _____
Was a water analysis done? Yes By _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Lincoln Latitude _____ Longitude _____
Township 7 N or S Range 9 E or W M.
Section 9 NE 1/4 NE 1/4
Tax Lot 45 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 974 Sundown Drive

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 9-6-28-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>See original Report.</u>			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>liner was installed at</u>			
<u>Customer request.</u>			
RECEIVED			
NOV 15 2001			
WATER RESOURCES DEPT.			
SALEM, OREGON			
<u>Dickerson Well Drilling, Inc.</u>			
<u>pH # 1-800-310-2664</u>			

Date started 6-29-00 Completed 6-29-00
(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 7-3-00

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JUL 10 2000