

AUG - 6 1996

MAIL# 50275

STATE OF OREGON WATER RESOURCES DEPARTMENT
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) SALEM, OREGON

WELL I.D.# L06854

(START CARD) # 89867

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

(1) OWNER: Well Number L06854
Name Lucille G. Longtin
Address 8233 Citadel Way
City Sacramento State Calif. Zip 95826

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	26	Cement			
10	+3	26	grout	6	26	30
			Bentonite	0	6	8

How was seal placed: Method A B C D E
 Other Bentonite - Dry flow surface
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: 10	+3	27	250	<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) 26 ft

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 75 Gpm Drawdown 140 ft Drill stem at _____ Time 2 hrs

Temperature of water 56° 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 Madheur Latitude _____ Longitude _____
Township 17 S N or S Range 47 E E or W. WM.
Section 20 SE 1/4 SW 1/4
Tax Lot 794 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3200 N. Oregon Govt. Lt. 4

(10) STATIC WATER LEVEL:
8 1/2 ft. below land surface. Date 7-13-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 7 ft

From	To	Estimated Flow Rate	SWL
7	20	120 gpm	5
145	165	750 gpm	8 1/2

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>sandy topsoil</u>	0	7	
<u>gravel & sand</u>	7	20	5 ft
<u>Blue clay - sandy</u>	20	145	
<u>Shattered blue clay stones</u>	145	165	8 1/2 ft

Date started 7-4-96 Completed 7-13-96
(unbonded) Water Well Constructor Certification: 13

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.

Signed _____ WWC Number _____ 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.
Signed Don M. Zito WWC Number 1485 Date 7-29-96