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56786

AUG 14 2002

WELL ID # L 50206
START CARD # 82086

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Well Number: _____

Name: Denny Frank
Address: Drawer 79
City: Mill City State: OR Zip: 97360

(2) TYPE OF WORK:

(repair/

New Well Deepening Alteration/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 425

Explosives Used Yes No Type --- Amount ---

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	250	Cement	250	-6	10.5 yds
16"	0	250	Bent	-6	0	9 Sacks
<u>12</u>	<u>250</u>	<u>425</u>	-	-	-	-

How was seal placed: Method A B C D E

Other Bent Poured Dry

Backfill placed from --- to --- Material ---

from --- to --- Material ---

Gravel placed from --- to --- Size of gravel ---

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
12	+1	250	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
10	-245	425	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: Fact Slots

Screen Type: --- Material: ---

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
265	285	1/8	165	1/8x3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
305	385	1/8	660	1/8x3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
405	425	1/8	165	1/8x3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

700		425	1 hr.
500		350	1 hr.
500		300	1 hr.

Temperature of water 53 Depth Artesian Flow Found ---

Was water analysis done? Yes No
Did the water quality meet the requirements for intended use? (explain) ---

JAN 26 2005

JAN 03 2005

WATER RESOURCES DEPT
SALEM, OREGON

ORIGINAL & FIRST COPY - Water Resources Department

(9) LOCATION OF WELL by legal description:

County: Marion Latitude: _____ Longitude: _____

Township: 8S Range: 2W

Section: 12 700 NW 1/4 NW 1/4

Tax Lot: N/A Lot: N/A Block: _____ Subdivision: _____

Street Address of Well (or nearest address) 1/3 Mile West of Jordan/Howell Praire Rd Interchange on South Side of Jordan Rd

(10) STATIC WATER LEVEL:

75 Ft. below land surface Date 7-19-02

Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Est. Flow Rate	SWL
55	70	200	43
276	385	400	75
405	416	300	75

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Top Soil	0	2	
Clay Brown Soft	2	16	
Decomp Clay Stone	16	21	
Clay Brown Hard	21	55	
Rock Decomp Brown	55	61	H2O
Fract Basalt loose	61	70	H2O
Gray Basalt Hard	70	77	
Black Basalt Hard	77	81	
Gray Basalt Hard	81	115	
Weathered Basalt / Red Cinders	115	122	
Gray Basalt Hard	122	241	
Basalt Black Fract Green Seams	241	248	
Basalt Gray Med-Hard	248	252	
Basalt Black Fract Weathered	252	263	
Basalt Black Med Hard	263	276	
Basalt Hard Gray	276	331	
Basalt Fract Black	331	338	
Basalt Hard Black-Gray	338	344	
Basalt Black Fract & Weathered	344	346	
Basalt Green	346	357	
Basalt Gray Hard	357	382	
Basalt Med Blk	382	402	
Basalt Fract Black	402	416	
Basalt Black Hard	416	423	

Date Started: 6-3-02

Completed: 7-19-02

(unbonded) Water Well Constructor Certification:

I certify that the work 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 723
Date 7-21-02

(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: _____ WWC Number 723
Date 7-21-02

SECOND COPY - Constructor

THIRD COPY - Customer