

MORR
50985

Amended

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

WELL I.D. # L 32551
START CARD # 130170
130170

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

(1) LAND OWNER: Well Number _____
Name Cylette Peddie
Address 76625 Frontage Rd
City Hopner State OR Zip 97838

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>20"</u>	<u>15'</u>	<u>110'</u>	<u>PTO CEM</u>	<u>0</u>	<u>70</u>	<u>3 YDS</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 _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	<u>16"</u>	<u>110'</u>	<u>104'</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>16"</u>	<u>76'</u>	<u>72'</u>	<u>230</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type SS PIPES Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>76'</u>	<u>104'</u>	<u>0.80</u>		<u>16"</u>		<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
<u>600'</u>		<u>102'</u>	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian	<u>1 hr.</u>

Temperature of water 60°F 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 Monroe Latitude _____ Longitude _____
Township 4N N or S Range 27E E or W. WM.
Section 19 SE 1/4 54 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 76625 Frontage Rd

(10) STATIC WATER LEVEL:
45' ft. below land surface. Date 9-10-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 70'

From	To	Estimated Flow Rate	SWL
<u>70'</u>	<u>80'</u>	<u>600'</u>	<u>45'</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>SAND</u>	<u>0</u>	<u>105'</u>	<u>45'</u>
<u>BLK BASALT</u>	<u>105'</u>	<u>110'</u>	

RECEIVED	RECEIVED
OCT 31 2001	FEB 19 2002
WATER RESOURCES DEPT. SALEM, OREGON	WATER RESOURCES DEPT. SALEM, OREGON

Date started 8-14-01 Completed 9-10-01

(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.
Signed Quincy R. O'Neil WWC Number 1702
Date 9-10-01

(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 Jay Bund WWC Number 544
Date 9-10-01