

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL ID. # L 102144
START CARD # 202656

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

(1) LAND OWNER Well Number _____
Name Curtis Jay Papineau
Address P.O. Box 583
City Lexington State OR Zip 97839

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	40	Bentonite	0	40	35 sacks
8"	40	160	Cement	40	160	14 sacks
6"	160	344				

Cement seals

How was seal placed: Method A B C D E
 Other Top seal - poured 3/8" bentonite
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: 6"	+1	160	.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"/>

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

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
100+		344	1 hr.

Temperature of water 62° 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 Morrow Latitude _____ Longitude _____
Township 1S N or S Range 25E E or W. WM.
Section 27 NE 1/4 SE 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 260 North E, Hwy. 207 Lexington, OR 97839

(10) STATIC WATER LEVEL:
120 ft. below land surface. Date 2-15-10
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 290

From	To	Estimated Flow Rate	SWL
290	344	100+	120

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay soil	0	1	
Light brown clay with gravel	1	10	
Light gray basalt	10	20	
Black basalt	20	40	
Gray basalt	40	142	
Black basalt	142	154	
Gray basalt	154	270	
Black basalt	270	290	
Red + gray basalt	290	344	WB

RECEIVED
MAR 10 2010
WATER RESOURCES DEPT
SALEM, OREGON

Date started 2-9-10 Completed 2-15-10
(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 _____ 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 Patrick Wallace WWC Number 1218 Date 3-1-10