

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 56157
START CARD # 149668

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

(1) LAND OWNER Well Number 8
Name City of Fairview
Address 1300 NE Village Street
City Fairview State OR Zip 97024

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
24	0	148	Cement	0	148	215 Bags
20	148	421				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 420 ft. to 421 ft. Material Sea Gravel
Gravel placed from 226.5 ft. to 420 ft. Size of gravel 10x20

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	20	+3	235	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:

Perforations Method _____
 Screens Type V-Wire Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
218.8	394.8	35		14	Pipe	<input type="checkbox"/>	<input type="checkbox"/>
394.8	399.8	0		14	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
399.8	420.5	35		14	Pipe	<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
2,400	117		<input checked="" type="checkbox"/>	72 Hr

Temperature of water 53° 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 Mult Latitude _____ Longitude _____
Township 1 N or Range 3 E or W.M.
Section 22 NW 1/4 SE 1/4
Tax Lot None Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Approx NE 223rd and Blue Lake Road

(10) STATIC WATER LEVEL:
28.3 ft. below land surface. Date 5/18/02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 28.3

From	To	Estimated Flow Rate	SWL
143	421	2,400 GPM	28.3

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
See Attached Sheet			

Date started 03-07-02 Completed 05-18-02

(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 1523
Date 6/12/02

(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 1464
Date 6/12/02

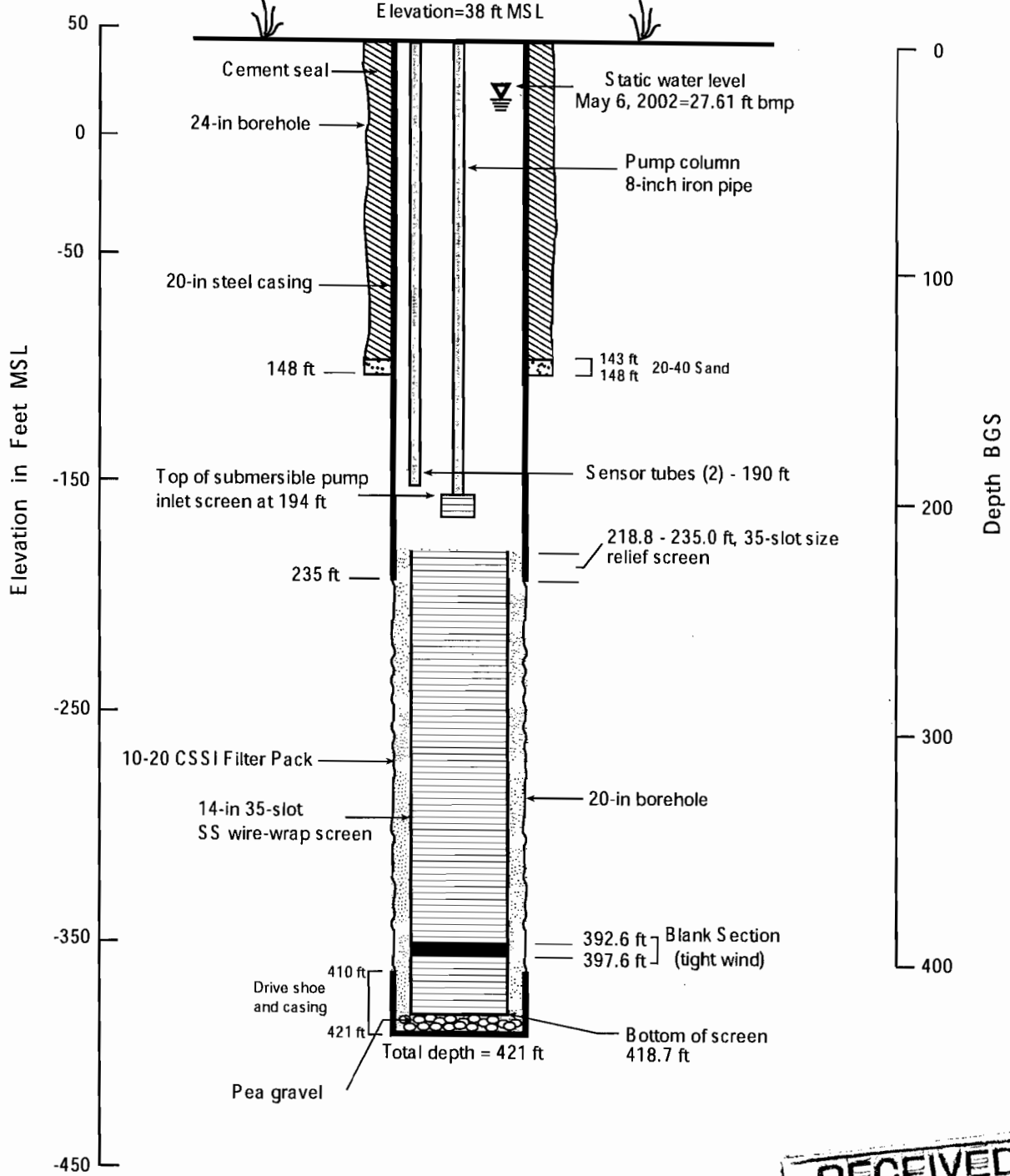
MULT 66769

From file G-14121



City of Fairview Well No. 8




Drilled 2002

Elevation=38 ft MSL



Explanation

-  Cement or cement/bentonite seal
-  Filter pack

-  Casing wall and original borehole wall
-  Static water level
-  bmp Below measuring point

RECEIVED
APR 19 2005
WATER RESOURCES DEPT
SALEM, OREGON