

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

WELL I.D. # L 75478
 START CARD # 161398

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

(1) OWNER: Well Number 58
 Name Rickreal Water Association
 Address P.O. Box 44
 City Rickreall State OR Zip 97271

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>12"</u>	<u>0</u>	<u>70</u>	<u>3/8 Bent Cement</u>	<u>29</u>	<u>36</u>	<u>10 sacks</u>
				<u>0</u>	<u>29</u>	<u>41 sacks</u>

How was seal placed: Method A B C D E
 Other Bent. Poured + Probed Cement Pumped
 Backfill placed from 39 ft. to 43 ft. Material 6-9 Sand
 Gravel placed from 43 ft. to 70 ft. Size of gravel 3/8 Pea Rock

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>8"</u>	<u>+2</u>	<u>43</u>	<u>0.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>61</u>	<u>70</u>	<u>0.250</u>	<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) No Shoe welded Plate on Bottom

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Alloy Machine Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>43</u>	<u>61</u>	<u>0.080</u>		<u>8"</u>	<u>8" IPS</u>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>73</u>	<u>2.3' 6"</u>		<u>12 hrs</u>

Temperature of water 56 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom Water Lab
 Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Polk Latitude _____ Longitude _____
 Township 8S N or S Range 4W E or W. WM.
 Section 3 NE 1/4 NE 1/4
 Tax Lot 706 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
36ft 6" ft. below land surface. Date 01/27/05
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 37'

From	To	Estimated Flow Rate	SWL
<u>37</u>	<u>61</u>	<u>73</u>	<u>36' 6"</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>TOP Soil</u>	<u>0</u>	<u>3</u>	
<u>Brown Sticky Clay</u>	<u>3</u>	<u>29</u>	
<u>Very Cemented Sand + Gravel</u>	<u>29</u>	<u>38</u>	
<u>Dark brown very sandy clay</u>	<u>38</u>	<u>42</u>	<u>36' 6"</u>
<u>Cemented brown sand + gravel</u>	<u>42</u>	<u>61</u>	<u>36' 6"</u>
<u>Grey Shale</u>	<u>61</u>	<u>70</u>	

Date started 11/20/2004 Completed 01/27/05

(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.

WWC Number _____
 Signed _____ 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.

WWC Number 564
 Signed Dallas L. Deen Date 02/01/2005