STATE OF OREGON WATER SUPPLY WELL REPORT (as required by OPS 537.765 & OAR 690-205-0210)

POLK 53509

WELL I.D. LABEL# L 110996

START CARD # 1020422

ORIGINAL LOG #

| (as required by ORS 537.765 & OAR 690-205-0210) | 11/3 | 3/2013 | ORIGINAL LOG | ÷# | | |
|--|----------------------|--|--|------------------------|-------------------------------------|--|
| (1) LAND OWNER Owner Well I.D. | | | | | | |
| First Name Last Name | | (9) LOCATION OF WELL (legal description) | | | | |
| Company RICKREALL COMMUNITY WATER ASSOCIATION | | County POLK Twp 7.00 S N/S Range 4.00 W E/W WM | | | | |
| Address PO BOX 44 City RICKREALL State OR Zip 9737 | | | NW 1/4 of the SW | | | |
| | | | ber' or | Lot | | |
| 2) TYPE OF WORK New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment(complete 5a) | | Lat | " or | | DMS or DD | |
| 2a) PRE-ALTERATION | | Long | | | DMS or DD | |
| Dia + From To Gauge Stl Plstc Wld Thrd Casing: | | | treet address of well | / | | |
| | | INDEPENDE | OUTH OF 1125 INDEPENI | DENCE HIGHWAY | (| |
| Material From To Amt sacks/lbs Seal: | | INDEPENDE | NCE, OK | | | |
| 3) DRILL METHOD | | (10) STAT | IC WATER LEVEL | | | |
| Rotary Air Rotary Mud X Cable Auger Cable | E : .: 3 | | Date SWL(psi) | + SWL(ft) | | |
| Reverse Rotary Other | | Complete | Vell / Pre-Alteration | 2012 | 41.4 | |
| 4) PROPOSED USE Domestic Irrigation X Com | munity | Complete | Flowing Artesian? | | | |
| Industrial/ Commercial Livestock Dewatering | indiney | WATER BEAR | | h water was first fou | | |
| Thermal Injection Other | | SWL Date | From To | Est Flow SWL(ps | | |
| | 1 | - | | | | |
| Depth of Completed Well $\underline{68.00}$ ft. | d (Attach cop | y) 10/17/2013 | 42 63 | 80 | 41.4 | |
| BORE HOLE SEAL | sacks | s/ | | | - | |
| | To Amt lbs | | | | | |
| 16 0 30 Cement 0 3 | 0 21 S | 4 | | | | |
| 12 30 68 | | - - | - | | | |
| | | (11) WELL | LOG Ground Elev | ation | | |
| How was seal placed: Method A B XC | D E | | Material | From | To | |
| Other | | Top soil | | 0 | 4 | |
| Backfill placed from 30 ft. to 40 ft. Material CEM | | Medium brow | | 4 | 15 | |
| Filter pack from ft. to ft. Material | | Brown clay fir | m w/some silt | 15 24 | 35 | |
| Explosives used: Yes Type Amount | | | n silt w/fine sand | 35 | | |
| 5a) ABANDONMENT USING UNHYDRATED BENT | TONITE | | sand w/medium gravel | 42 | | |
| Proposed Amount Actual Amount | | | Fine sandy gray clay | | 5 46 | |
| 6) CASING/LINER | | | nd sand with medium gravel | 52 | | |
| | Plstc Wld Thrd | 7 0 | d gravel black | 54 | | |
| ● 10 X 2.6 56 .250 ● 10 63 68 .250 ● | | Loose sand an | d gravel brown | 56 | 60 | |
| | \exists A \cap H | | d gravel gray and brown | 60 | 63 | |
| | \forall HH | Hard brown cl Gray and blue | | 63 | 64 | |
| | | Gray and blue | ciaystone | - 04 | - 00 | |
| Shoe Inside Outside Other Location of sho | e(s) | | | | | |
| Temp casing X Yes Dia 16 From 0 | Го 30 | | | | | |
| 7) PERFORATIONS/SCREENS | | | | | | |
| Perforations Method | | | | 1 | | |
| Screens Type Johnson Material Sta Perf/ Casing/ Screen Scrn/slot Slot | # of Tele/ | Date Started | 17/11/2013 C | omplete <u>10/17/2</u> | 2013 | |
| Screen Liner Dia From To width length | slots pipe size | (unbonded) V | Vater Well Constructor Ĉe | rtification | | |
| Screen Casing 10 56 63 .8 | | | the work I performed on th | | | |
| | | | of this well is in complitandards. Materials used an | | | |
| | | | knowledge and belief. | a information repor | ted above are true to | |
| | | License Numl | per 1629 | Date 10/28/201 | 3 | |
| 8) WELL TESTS: Minimum testing time is 1 hour | | | | | | |
| | wing Artesian | Signed JA | MES GUNN (E-filed) | | | |
| | ration (hr) | (bonded) War | er Well Constructor Certif | ication | | |
| 80 14.8 58 8 | | | I accept responsibility for the construction, deepening, alteration, or abandonmer | | | |
| | | | ed on this well during the cor | | | |
| | | performed du | ring this time is in comple andards. This report is true | to the best of my be | water supply wellowledge and belief | |
| Temperature 53 °F Lab analysis Yes By | | | | - | owicuge and benef. | |
| Water quality concerns? Yes (describe below) TDS amount From To Description Amount Units | | | per 1273 | Date 11/3/2013 | | |
| | | Signed FLO | OYD G SIPPEL (E-filed) | | | |
| | | Contact Info (| optional) | | | |
| | | 1 | | | | |