

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(START CARD) # 168522

SHER50162

(1) OWNER:

Well Number: _____

Name **Buck Hollow Ranch Inc.**Address **Box 2**City **Kent** State **OR** Zip **97033**

(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 **Recreational**

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well **200** ft.Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10"	0	123	Cement Grout	0	123	27 Sacks	
8"	123	200					

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 _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+1.5	117.5	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) **Float Shoe 117.5**

(7) PERFORATIONS/SCREENS:

☐ Perforations

Method _____

☐ Screens

Type _____

Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
80		200	1 hr.

Temperature of Water **57** 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 **Sherman** Latitude **120.78302** Longitude **45.33077**
Township **3S** N or S. Range **16E** E or W. of WM.
Section **2** **SE** 1/4 **SW** 1/4
Tax lot **202** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **West 7/10 of a mile off Hwy 97 on Earl Ln. Grass Valley.**

(10) STATIC WATER LEVEL:

88 ft. below land surface. Date **10/08/2004**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **161**

From	To	Estimated Flow Rate	SWL
161	192	80	88

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	2	
Rock Fract. Decomposed Soft Brown	2	106	
Basalt Hard Gray	106	142	
Rock Fract. Decomposed Soft Brown	142	154	
Basalt Fract. Med. Black	154	161	
Rock Brown Decomposed Soft Brown	161	192	
W/B		192	
Basalt Hard Gray	192	200	88

RECEIVED
OCT 21 2004WATER RESOURCES DEPT
SALEM, OREGONRECEIVED
NOV 17 2004
WATER RESOURCES DEPT
SALEM, OREGONDate started **09/27/2004**Completed **10/08/2004**

(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 my best 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 **Charles Austin** WWC Number **790**
Date **10/16/2004**