

Amendment

SHER 50251

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STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 85696START CARD # 188929

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

(1) LAND OWNER

Owner Well

First Name FRED Last Name JUSTESEN
 Company _____
 Address 59720 TWIN LAKES RD
 City CRESSMAN State OR Zip 97029

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community
☐ Industrial/Commercial ☒ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)Depth of Completed Well 373 ft.

BORE HOLE			SEAL			Amount	Rock/lbs
Dia	From	To	Material	From	To		
10	0	18	BENTONITE	0	18	✓	0
6	18	373					

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

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		6	2	18	250	✓				

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen	From	To	Screen/	Slot	# of	Tele/
				Dia			slot	length	slots	pipe
							width			size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60	100%	372	1

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes ☐ No

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County STEVENSON Twp 4 N or S Range 17 E or W W.M.
 Sec 36 SE 1/4 of the NW 1/4 Tax Lot 4003
 Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 97078 DOBRY POINT
LAKE KENT OR 97033

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>4-26-08</u>			<u>280</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ YesWATER BEARING ZONES Depth water was first found 310

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-26-08</u>	<u>310</u>	<u>373</u>	<u>60</u>			<u>280</u>

(11) WELL LOG

Ground Elevation 1700

Material	From	To
COIL + BOLLARDS	0	4
RED BASTET	4	44
GREY BASALT	44	96
BLACK BASALT	96	141
GREY BASALT	141	310
GREY, BROWN, RED		
ROCK, BLUE CLAY		

RECEIVED

MAY 07 2010

WATER RESOURCES DEPT
SALEM, OREGONDate Started 4-23-08 Completed 4-26-08

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Signed BEN TIBBETS

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1762 Date 4-23-08Signed Jo [Signature]

Contact Info. (optional) _____

ORIGINAL WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006

SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

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WELL LABEL # L 85696

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Company _____
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City CRESS VALLEY State OR Zip 97029

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6	18	373					

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☐ Other RODGED

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Water quality concerns? ☐ Yes (attach copy) ☐ No

From _____ To _____ Description _____ Amount _____ Units _____

RECEIVED	RECEIVED	RECEIVED
	MAY 27 2008	

(9) LOCATION OF WELL (legal description)

County STARR Twp 4 N or S S Range 17 E or W W.M.

Sec 36 SE 1/4 of the NW 1/4 Tax Lot 4000

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or _____ DMS or DD

Long _____ ° _____ ' _____ " or _____ DMS or DD

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LAKE KENT OR 97033

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BLACK BASALT	96	141
GREY BASALT	141	310
GREY, BROWN, RED ROCK, BLUE CLAY (WB)	310	373

Date Started 4-23-08 Completed 4-26-08

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License Number 1762 Date 4-23-08

Signed [Signature]

Contact Info. (optional) _____