

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

08-10-2011

WELL LABEL # L 98286

START CARD # 1013485

(1) LAND OWNER

Owner Well I.D. _____

First Name MIKE Last Name WEEDMAN

Company _____

Address 97130 KLONDIKE ROAD

City WASCO State OR Zip 97065

(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☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 333.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	167	Cement	0	167	80	S
8	167	333					

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

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	8	☒	2	167	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 167Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe 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)
30		332	1

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Sherman Twp 1.00 N N/S Range 18.00 E E/W WM

Sec 22 SE 1/4 of the SW 1/4 Tax Lot 3103

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

98720 GOSSON LANE WASCO OR 97065

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 07-12-2011 110

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 141

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-08-2011	141	157	7		115

(11) WELL LOG

Ground Elevation _____

Material	From	To
SOIL	0	3
CLAY AND DECOMPOSED ROCK	3	20
BASALT FRAC BLK	20	22
BASALT BLK	22	25
ROCK FRAC BRN	25	58
ROCK BROKEN BRN	58	87
BASALT BLK	87	90
ROCK FRAC VISICULAR BRN	90	100
BASALT FRAC BLK	100	120
ROCK FRAC BRN	120	138
BASALT FRAC BLK	138	141
ROCK FRAC VISICULAR BRN W/B	141	157
BASALT HARD GRAY	157	306
ROCK BROKEN BRN W/B	306	333

Date Started 05-23-2011 Completed 07-12-2011

(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 _____

Electronically Filed

Signed _____

(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 790 Date 08-10-2011

Electronically Filed

Signed CHARLES W AUSTIN (E-filed)

Contact Info (optional)