

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.705)

WMAT
CA262

WELL I.D.# 34666
START CARD # 12982

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

(1) OWNER: Well Number _____
Name Western Investments, Inc.

Address P.O. Box 826
City Beersheva State OR Zip 97238

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE: Public System
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 280'
Explosives used Yes No Type _____ Amount _____

BORE		SEAL	
Diameter	From To	Material	From To
12"	0-28'	Cement	0-115'
10"	28-115'		
8"	115-176'	Cement	96-176'
6"	176-280'		

How was seal placed: Method A B C D E
 Other Bottomed Top seal

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Georg	Steel	Plastic	Welded	Threaded	Liner
	8"	+1	115'	200'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6"	96'	176'	256'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 115' Outside casing

(7) PERFORATIONS/SCREENS:

From	To	Size	Number	Diameter	Material	Triplex size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor 2nd Flowing Artesian
Yield gallons 100+ Drawdown 280' Time 1 hr.
Temperature of water 68° Depth Artesian Flow Found _____
Was a water analysis done? Yes No
Did any tests contain water not suitable for intended use? Too little
 Salty Muddy Oily Colored Other
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County Wasilla Latitude _____ Longitude _____
Township 4N N or S Range 27E E or W. WM.
Section 36 NE 1/4 NE 1/4

Tax Lot 2601 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 28910 Stafford Avenue/Pl.
Beersheva OR 97238

(10) STATIC WATER LEVEL:
82 ft. below land surface. Date 3-10-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 142

From	To	Estimated Flow Rate	SWI
<u>142</u>	<u>168</u>	<u>75</u>	<u>82</u>
<u>255</u>	<u>280</u>	<u>70+</u>	<u>82</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
<u>Sand</u>	<u>0</u>	<u>3</u>	
<u>Sand & cobbles</u>	<u>3</u>	<u>15</u>	
<u>Cemented gravel</u>	<u>15</u>	<u>65</u>	
<u>Large cobbles & gravel</u>	<u>65</u>	<u>85</u>	
<u>Light brown claystone</u>	<u>85</u>	<u>105</u>	
<u>Gray basalt</u>	<u>105</u>	<u>162</u>	
<u>Green claystone</u>	<u>162</u>	<u>168</u>	<u>WR</u>
<u>Gray basalt</u>	<u>168</u>	<u>255</u>	
<u>Black basalt with green soapstone</u>	<u>255</u>	<u>280</u>	<u>WR</u>

RECEIVED RECEIVED
JUL 05 2001 SEP 04 2001
WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON

Date started 3-1-01 Completed 3-10-01
(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 show are true to the best of my 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 Petrick Wallace WWC Number 1218 Date 3-30-01