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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D.# L #40700
START CARD # 90196

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number _____
Name Donald V. Wright
Address 63007 Sandridge Rd.
City LA Grande State Oregon Zip 97850

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 720 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>8.6</u>	<u>0</u>	<u>50</u>	<u>Cement</u>	<u>0</u>	<u>50</u>	<u>75 SACKS</u>

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 50 ft. to 720 ft. Size of gravel 3/8 -

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	<u>16</u>	<u>1</u>	<u>720</u>	<u>3.12</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>16</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>360</u>	<u>420</u>	<u>3/16</u>	<u>32</u>	<u>1 1/2"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>460</u>	<u>720</u>	<u>3"</u>	<u>10240</u>	<u>1 1/2"</u>		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
200 180 ? 3

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? NO Yes By whom _____
Did any strata contain water not suitable for intended use? NO Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County UNION Latitude _____ Longitude _____
Township 2 S N or S Range 39 E or W. WM.
Section 30 NW 1/4 NW 1/4
Tax Lot 8000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 63007 Sandridge Rd. LA Grande, Oregon

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 3-9-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 6"

From	To	Estimated Flow Rate	SWL
<u>23</u>	<u>33</u>	RECEIVED	
<u>307</u>	<u>311</u>		
<u>371</u>	<u>379</u>	<u>FEB 04 1999</u>	
<u>460</u>	<u>407</u>		

(12) WELL LOG: WATER RESOURCES DEPT. SALEM, OREGON
Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>5</u>	
<u>Sand + CLAY</u>	<u>5</u>	<u>10</u>	
<u>Sand</u>	<u>10</u>	<u>13</u>	
<u>CLAY + Sand Brown</u>	<u>13</u>	<u>17</u>	
<u>Soft gray CLAY</u>	<u>17</u>	<u>21</u>	
<u>gray clay + gravel</u>	<u>21</u>	<u>23</u>	
<u>gravel 1/4 to 5" rock</u>	<u>23</u>	<u>33</u>	
<u>gravel + CLAY</u>	<u>33</u>	<u>36</u>	
<u>SANDY CLAY</u>	<u>36</u>	<u>39</u>	
<u>CLAY + Sandstone</u>	<u>39</u>	<u>73</u>	
<u>CLAY + Sand</u>	<u>73</u>	<u>90</u>	
<u>Green CLAY</u>	<u>90</u>	<u>118</u>	
<u>dark green clay w/</u>	<u>118</u>	<u>133</u>	
<u>dark green CLAY w/s. gravel</u>	<u>133</u>	<u>134</u>	
<u>dark green CLAY</u>	<u>134</u>	<u>141</u>	
<u>dark green CLAY, gravel</u>	<u>141</u>	<u>162</u>	
<u>+ Sand stone</u>			
<u>d. green CLAY, gravel, wood</u>	<u>162</u>	<u>163</u>	
<u>d. green CLAY, gravel</u>	<u>163</u>	<u>170</u>	
<u>d. green CLAY, gravel, Sandstone</u>	<u>170</u>	<u>178</u>	

Date started 3-9-98 Completed 4-8-98

(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 the best of my knowledge and belief.
WWC Number _____
Signed _____ 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.
WWC Number 1399
Signed Wally Lowe Date 4-10-98

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

APR 13 2000

WELL I.D. # L 40700
START CARD # 90196

Instructions for completing this report are on the last page of WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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

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

HOLE SEAL
Diameter From To Material From To Sacks or pounds

Diameter	From	To	Material	From	To	Sacks or pounds

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

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

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL
409	417		
408	422		
476	477		
479	480		
510	515		

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(12) WELL LOG: Ground Elevation _____ WATER RESOURCES DEPT. SALEM, OREGON

Material	From	To	SWL
d. green clay, gravel	178	180	
d. green clay, sand	180	208	
d. green sandy clay	208	210	
d. green clay, sand, gravel	210	220	
Course sand + clay	220	234	
d. gray clay, course sand	234	238	
d. gray sandstone	238	262	
Layers d. green/gray clay + sand	262	277	
Light gray + tan clay	277	279	
green clay	279	280	
green sandstone, clay layers	280	292	
green/tan clay	292	296	
TAN CLAY	296	297	
Brown clay	297	299	
gravel 1/16 to 1/2	299	303	
CLAY GRAY	303	305	
d. green clay-sandstone	305	307	
Sand, sandstone, gravel 1/2-3/8	307	311	
gray clay-sandstone	311	312	

Date started 3-98-98 Completed 4-8-98
(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 the best of my knowledge and belief.

WWC Number _____
Signed _____ 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.

WWC Number 1399
Signed Wally Lane Date 4-10-98

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

APR 13 2000

WELL I.D. # L _____
START CARD # 90196

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

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

Temperature of water _____ 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: _____

LOCATION OF WELL by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL
318	321		
523	531		
534	535		
575	576		
578	579		

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(12) WELL LOG: Ground Elevation _____ WATER RESOURCES DEPT. SALEM, OREGON

Material	From	To	SWL
TAN CLAY	312	315	
Brown Clay, Sandstone, gravel	315	332	
d. Brown CLAY, Sandstone	332	338	
d. green CLAY, Sandstone	338	352	
TAN CLAY	352	371	
GRAVEL 1/16 to 1/4	371	372	
Brown CLAY	372	383	
gray CLAY	383	394	
Brown CLAY, Sandstone	394	400	
g. Sand, Sandstone, gravel	400	407	
gray CLAY, Sandstone	407	409	
g. Sandstone, Some gravel 1/16	409	417	
gray CLAY	417	426	
gray CLAY, Sandstone	426	431	
gray CLAY	431	438	
Brown CLAY	438	439	
B. CLAY, Sandstone, hard	439	448	
Like Shale			
TAN/Brown CLAY, Some Sand	448	461	
Brown CLAY / Like Shale	461	463	

Date started _____ Completed _____
(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 the best of my knowledge and belief.
WWC Number _____
Signed _____ 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.
WWC Number 1399
Signed Walt Lorne Date 4-10-98

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

APR 13 2000

WELL I.D. # L 40700
START CARD # 90196

Instructions for completing this report are on the last page of WATER RESOURCES DEPT.

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____

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

HOLE SEAL
Diameter From To Material From To Sacks or pounds

Diameter	From	To	Material	From	To	Sacks or pounds

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

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

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL
619	613	RECEIVED FEB 04 1999	
652	654		
668	671		
674	677		
690	696		

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
gray clay, sand/gravel 1/8-3/4	463	468	
g. sandstone gravel 1/2-3/4	468	472	
green/gray clay	472	476	
g. sand - gravel 1/2-1/8	476	479	
gray clay	479	486	
sand + gravel	486	491	
dark brown clay	491	510	
gray/green clay	510	515	
sand 1/2-1/16	515	518	
green/gray clay	518	521	
green coarse sand	521	523	
gray clay	523	531	
Porose white sand	531	534	
green clay - sand	534	535	
course sand	535	539	
gray/green clay	539	540	
gray/brown tan clay	540	550	
gray clay	550	552	
brown clay	552	575	
gray/green clay			

Date started _____ Completed _____

(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 the best of my knowledge and belief.
WWC Number _____
Signed _____ 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.
WWC Number 1399
Signed Wally Spind Date 4-10-98

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

APR 13 2000

WELL I.D. # L _____
START CARD # 90196

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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: _____

LOCATION OF WELL by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL
712	720		
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(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Course sand	575	576	
gray/green clay	576	578	
course sand	578	579	
CLAY/course sand	579	580	
gray/green clay/Brown sand	580	594	
Small gravel/CLAY	594	596	
Brown Course sand	596	603	
gray/green CLAY	603	612	
White Course sand	612	613	
gray CLAY	613	626	
Brown CLAY	626	632	
gray/green CLAY	632	650	
Brown CLAY	650	651	
gray/green CLAY	651	653	
Small gravel	653	654	
gray/green CLAY	654	668	
Course white sand	668	671	
gray/green CLAY	671	674	
Course sand	674	677	

Date started _____ Completed _____
(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 the best of my knowledge and belief.

WWC Number _____
Signed _____ 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.

WWC Number 1392
Signed Waldo James Date 4-10-98

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Joey ⑥

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L _____
START CARD # 90196

Instructions for completing this report are on the last page of the WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____ 1 hr.

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground Elevation _____

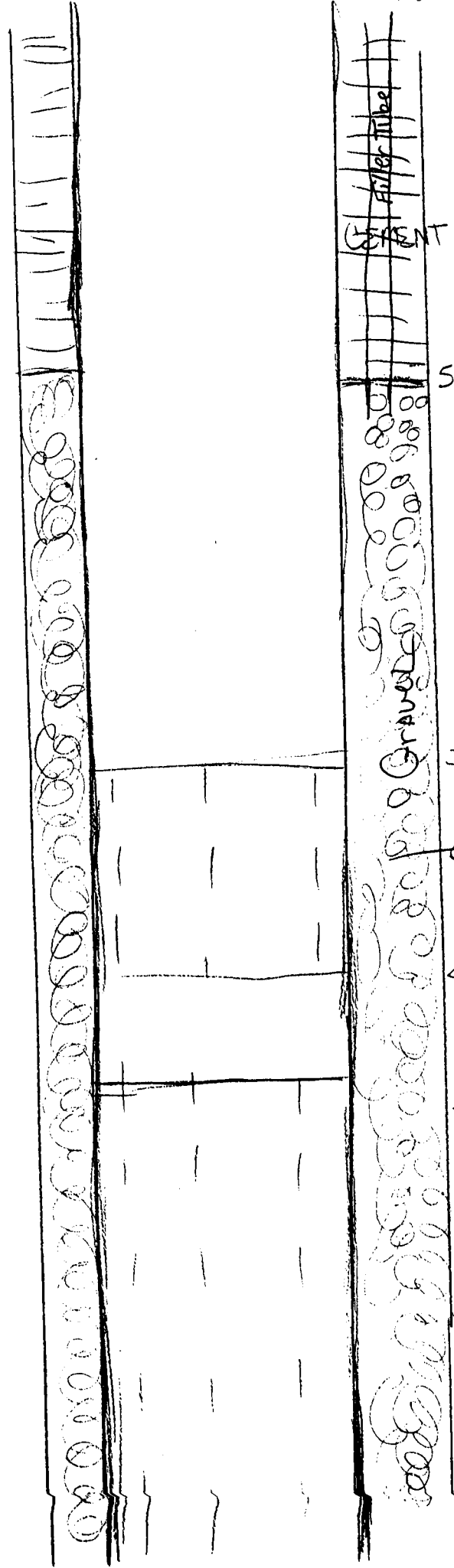
Material	From	To	SWL
grey / green CLAY	677	690	
FINE to COARSE Sand	690	696	
grey / green CLAY	696	712	
green sand	712	720	

Date started 3-9-98 Completed 4-8-98

(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 the best of my knowledge and belief.
WVC Number _____
Signed _____ 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.
WVC Number 1399
Signed Walter Lorne Date 4-10-98

Donald Wright



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WATER RESOURCES DEPT.
SALEM, OREGON