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

WATER RESOURCES DEPT.
OREGON

WELL I.D. # 40698
START CARD # W73877

(1) OWNER: DE Well Number _____
Name SHOWA LINT-RUDD
Address 6405 GAKER LANE / 65324 NICELLN
City LAGRANDE State OR Zip 97850

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment
COVE 97824

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 306.5
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
22"	0 1575	concrete	0 202	200	SK
		concrete	1395 1513	130	SK
14 1/2"	1575 3065	concrete float shoe			
3"		concrete bucket	1498 1513		

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: 16"	0	680	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	680	811	312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14"	811	1575	312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method MANUFACTURE 3/16 X 3
 Screens Type _____ Material steel

From	To	Slot size	Number	Diameter	Tela/pipe size	Casing	Liner
1515	1575	3/16 X 3	2	620	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
1000	100		1 hr.

Temperature of water 127 Depth Artesian Flow Found 300GPM
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 UNION Latitude _____ Longitude _____
Township T25 North S Range 39E E or W-WM. _____
Section 8 SE 1/4 NW 1/4
Tax Lot 3702 of _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 65324 NICELLN COVE OR. 97824

(10) STATIC WATER LEVEL:
Flowing ft. below land surface. Date _____
Artesian pressure 11 lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 12'

From	To	Estimated Flow Rate	SWL
57	62	ESTIMATED FLOW	2'
78	90		
176	174	50 GPM	
541	544	TOTAL	
398	603		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Sand + clay - Tan	1	4	
Clay Tan - Hard	4	9	
Sand + clay Tan	9	21	
Clay + Sand Tan	21	34	
Clay Tan	34	57	
Sand	57	62	
Clay + Sand Brown	62	78	
Sand	78	90	
Clay Green	90	170	
Sand	170	174	
Clay + Sand	174	204	
Sandstone + Sand	204	211	
Clay Tan	211	309	
Clay Dark Green	309	407	
Clay Black - SOFT	407	418	
Clay Dark Green - SOFT	418	427	
Sand + Clay Green	427	431	
Sand + Clay Green - HARD	431	448	
Clay Tan - SOFT	448	457	

Date started 2-19-96 Completed 2-15-98
(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.

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 Wally Lowe WWC Number 1399 Date 3-15-98

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 40698
START CARD # W73877

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

(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:

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
807	807	50 gpm	2'
834	839	50 gpm	2'
1540	1570	150 GPM. →	Flowing
1906	1971	Can't determine	1
2119	2120	" "	1

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Tan + Shale HARD	457	476	
Clay Green + Sandstone Tan	476	481	
Clay Tan + Brown - SOFT	481	538	
Clay Green Hard	538	541	
Sand Course	541	544	
Clay Green SOFT + Sandstone Grey HARD	544	564	
Clay Tan + Brown SOFT	564	579	
Clay Tan + Brown + Sand White	579	598	
Sand course + clay	598	603	
Clay Gray SOFT	603	608	
Clay Green + Sand course	608	621	
Clay Gray SOFT	621	632	
Clay + Shale Brown	637	674	
Clay Green + Gray SOFT	674	725	
Clay Black SOFT	725	728	
Clay Gray SOFT	728	749	
Clay Gray + Sand Course	749	753	
Clay Gray SOFT	753	779	
Clay Gray - Green HARD	779	804	
Sand Course	804	807	

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.
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 Walter Irvine WWC Number 1379 Date 3-5-98

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

WELL I.D. # L 40698
START CARD # W73877

WATER RESOURCES DEPT.
SALEM, OREGON

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

(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"/>
				<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	Tube/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"/>
						<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
2677	2698	120 GPM 108.4 Temp	
2716	2718	350 GPM Temp 107.5	
2731	2738	25 GPM 106.9	
2756	2767	50 GPM	
2770	2799	100 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Green - Gray SOFT	807	834	
Sand Course	834	839	
Clay Green SOFT + HARD	839	857	
Sand + Clay Green	857	989	
Clay Green SOFT	989	1015	
Clay Green + Sand	1015	1024	
Clay Green SOFT	1024	1042	
Clay Green HARD	1042	1052	
Sand + Clay Green	1052	1061	
Clay Green SOFT	1061	1080	
Basalt Black + Pink	1080	1082	
Clay Green SOFT + shale	1082	1089	
Basalt Brown Green Black	1089		
Shale Green		1091	
Basalt Brown + shale Green HARD	1091	1132	
Basalt Gray HARD + shale Green	1132	1149	
Basalt Black + Clay Green SOFT	1149	1198	
Basalt red + Gray VERY HARD	1198	1204	
Basalt Red - Clay Green	1204		
Shale Green		1217	

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.
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 Walter Jones WWC Number 1399
Date _____

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

WELL I.D. # L 40698
START CARD # W73877

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			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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
					<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"/>

(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
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
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
2879	2897	GPM 20	Flowing
2928	2942	Can't Determine	
2961	2969	"	
3031	3030	"	
3051	3054	Temp 106.8	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt Black - shale red + gray + clay thin + brown SOFT	1217	1274	
Basalt Gray HARD - Clay thin SOFT	1274	1441	
Basalt Gray with Brown coating + Clay		1459	
Basalt Brown + Clay Gray	1459	1468	
Shale Orange HARD + Clay thin SOFT	1468	1487	
Basalt Brown + Clay red SOFT	1487	1504	
Shale Red + Clay	1504	1570	
Basalt Black + Shale Red	1570	1599	
Basalt Brown not very hard clay Green	1599	1631	
Basalt Gray + Black - shale Green	1631	1672	
Basalt Brown + Black - shale Green + Gray HARD	1672	1677	
Basalt Red + SOFT	1677	1699	
Shale Green + Basalt Black		1699	
Basalt Red + Shale HARD +	1699	1719	
Shale Gray + Green HARD		1719	
Basalt Brown Gray - Clay thin Green	1719	1721	

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.
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 Wally Lowe WWC Number 1399
Date _____

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APR 13 2000

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

WELL I.D. # L 40698
START CARD # N73877

Instructions for completing this report are on the last page. 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
Table with columns: 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:
Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table for well tests with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

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 _____

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground Elevation _____

Well Log Table with columns: Material, From, To, SWL
Basalt Gray + Clay Green SOFT 1721 1748
Basalt Gray + shale Gray + Clay Gray 1748 1906
Basalt Gravel like 1906 1971
Basalt Gray + Clay Gray 1971 1993
Basalt Black + Clay Gray 1993 1999
Basalt Gray VERY HARD 1999 2004
Basalt Black + clay Black SOFT 2004
Shale Green 2029 2029
Basalt Black + Clay Gray SOFT 2029 2070
Basalt Gray + shale 2070
Shale Gray + Green SOFT 2119 2119
Basalt Gray 2119 2120
Basalt Black + Clay Green Gray 2120 2175
Basalt Gray HARD + Clay Gray 2175 2222
Basalt Black + Clay Gray + Shale Green 2222 2229
Basalt Gray + Clay Gray + Shale Green 2229 2251
Basalt Black + shale Green + clay Gray HARD 2251 2251
Clay Brown Gray Green Soft + HARD - Basalt Black 2267 2275

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.

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 Walter James WWC Number 1299 Date _____

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

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APR 13 2000

WELL I.D. # L 40698

WATER RESOURCES DEPT. START CARD # W73877
SALEM, OREGON

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

(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"/>
				<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

<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: _____

(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
Basalt Black + Brown	2276	2278	
Clay Brown Black Green	2278		
Basalt Black + Shale		2288	
Basalt Black-Clay Green Shale Green	2288	2297	
Basalt Black-Clay Black Clay Gray	2297	2302	
Basalt Black VES.	2302	2329	
Basalt Black	2329	2336	
Basalt Black HARD	2336	2349	
Basalt Gray	2349	2353	
Basalt Green + Clay Green SOFT	2353	2355	
Shale Green HARD Clay Green	2355	2357	
Basalt Black + Clay Gray Green	2357	2359	
Basalt Gray + Clay Green HARD	2359	2368	
Basalt Gray + Clay Gray	2368	2382	
Basalt Black + Clay Black SOFT	2382	2387	
Shale Brown Gray Green Red	2387	2390	
Basalt Black + Clay Gray	2390	2394	
Basalt Gray - Shale Green	2394		
Clay Gray - Basalt HARD		2429	
Basalt Green + Shale Green	2429	2448	

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.
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 Walt Love WWC Number 1399 Date 3-5-98

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50687

APR 13 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 40698
START CARD # W73877

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

(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	Drift 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
Cinder Red - Shale Green - Basalt Black	2448	2468	
Basalt Black-shale red then brown	2468	2476	
Cinder Brown tan - shale green	2476	2480	
Cinder Red - Shale Green	2480	2482	
Basalt Gray - Clay Gray	2482	2486	
Cinder Brown Black - shale then tan	2486	2503	
Basalt Black + Shale Green + Clay Gray	2503	2506	
Basalt Green + Clay Gray	2506	2510	
Basalt Gray + Clay Gray	2510	2516	
Basalt Black + white - shale then	2516	2569	
Basalt Gray + Black spots shale then	2569	2581	
Basalt Gray HARD - Clay Gray	2581	2590	
Basalt Black - shale then - under	2590		
Brown + Black - quartz - white			
red cinder VES.		2592	
Cinder Black Brown Blue Green	2592	2594	
Basalt Black - shale then - clay then	2594	2597	
Basalt Gray - Quartz white - clay Gray	2597	2599	
Basalt Black - shale Green HARD	2599	2605	

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.
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 Wally Jones WWC Number 1399 Date _____

UNID. 50687

APR 13 2000

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

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 40698 START CARD # W73877

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

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

(2) TYPE OF WORK: New Well, Deepening, Alteration, 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, Explosives used

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds

How was seal placed: Method A, B, C, D, E; Backfill placed from; Gravel placed from

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

(7) PERFORATIONS/SCREENS: Table with columns: 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

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?, 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

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

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

WELL LOG Table with columns: Material, From, To, SWL. Includes entries like Basalt Gray-shale Green, Basalt Black-shale Green Quartz, etc.

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.

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.

WWC Number 1599, Signed, Date

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

WELL I.D. # L 40698
START CARD # W73877

WATER RESOURCES DEPT.
SALEM, OREGON

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

(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	Material			
				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"/>
						<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: _____

(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
Basalt Black Loose	2677		
GPM 120 TEMP 103.4		2698	
Basalt Black	2698	2701	
Basalt Black-shale thin sandstone	2701	2708	
Basalt Black-Cinder Rock	2708	2712	
Basalt Gray shale thin HARD	2712		
Quartz		2716	
Basalt Black/gray thin shale thin	2716		
BPM 350 TEMP 106.6		2718	
Basalt Gray-shale thin loose	2718	2731	
Basalt Black-Quartz white VES.	2731	2738	
Basalt Black-Quartz SOFT	2738		
GPM 35 TEMP 106.6		2740	
Basalt Black Clay Gray	2740		
Cinder Rock		2747	
Basalt Gray-Clay Gray	2747	2750	
Basalt Gray-Black Clay	2750		
Gray-Cinder Rock VES		2756	
Basalt Gray-Clay Gray-shale	2756		
GPM 50 TEMP 107.5		2767	

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 1899
Signed Walt Love Date _____

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

UN10 50687

APR 13 2000

(START CARD) # W73877

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

Table with columns: HOLE Diameter, SEAL 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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

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

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time, Flowing Artesian

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 _____

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground Elevation _____

Table with columns: Material, From, To, SWL. Contains handwritten log entries like Basalt Black-shale shran, Basalt Gray with Brown Turb, etc.

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 1599
Signed Walter Lane Date _____

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11 of #12
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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

UNID
50687

APR 13 2000

(START CARD) # W73877

Instructions for completing this report are on the last page of this 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	Material				Threaded
				Steel	Plastic	Welded		
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"/>
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"/>	<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"/>
								<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: _____

(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
Basalt Black - shale	2923	2925	
Cinder Black Brown Red shale	2925	2927	
Basalt Black - shale thin	2927		
Cinder Black SOFT		2928	
Basalt Black VES. Quartz White	2928	2942	
Basalt Gray Quartz White Clay Gray	2942	2954	
Basalt Black + shale thin Quartz	2954	2957	
Basalt Gray - Clay Gray	2957	2969	
Basalt Black Quartz White	2969	2975	
Cinder Brown Black - Quartz	2975	2977	
Basalt Black - Cinder	2977	2979	
Basalt Gray + Quartz	2979	3004	
Basalt Gray with Brown cast HARD	3004	3020	
Basalt Gray thin Clay Gray	3020	3031	
Basalt Black VES. Cinder	3031		
Red + Brown + shale thin HARD		3033	
Cinder red + Brown shale thin SOFT	3033	3036	
Black shale	3036	3037	
Clay Black SOFT	3037	3038	

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 *Walds* _____ Date _____

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

4110 50687

APR 13 2000

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 40698

START CARD # N73877

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

(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

Table with columns: HOLE Diameter, From, To; SEAL 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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

(7) PERFORATIONS/SCREENS: Table with columns: 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

Temperature of water Depth Artesian Flow Found Was a water analysis done? Did any strata contain water not suitable for intended use? 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

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Includes handwritten entries like Basalt Black-shale, Clay Green SOFT, Cinder, Red-brown Basalt Blad, etc.

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. 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. Signed WWC Number Date

3877

Limit Show Rock

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WATER RESOURCES DEPT.
SALEM, OREGON

