

MAR 05 2001

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STATE OF OREGON
WATER SUPPLY WELL REPORT

(As required by ORS 537.155)

WATER RESOURCES DEPT
SALEM, OREGON

Instructions for completing this report are on the back of this form.

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WELL ID # 46697 40702
START CARD # 11485

(1) OWNER: Well Number _____
Name Ross Kingman

Address F.O. Box 56
City Timber State OR Zip _____

(2) TYPE OF WORK
 New Well Deepening Alteration (open/recess/Gas) Abandonment

(3) DRILL METHOD:
 Rotary Rotary Mud Cable Auger
 Other Aug 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 194 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Ho	u	s	er	From	To	Material	From	To	Sacks or pounds
				<u>33</u>	<u>0</u>	<u>483 cement</u>	<u>0</u>	<u>483</u>	<u>455</u>

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	Ho	u	s	er	From	To	Gauge	Steel	Plastic	Welded	Thru	lined
					<u>18</u>	<u>1/2</u>	<u>483</u>	<u>375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Line	From	To	Material	From	To	Material	From	To	Material

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method steel-wired
 Screens Type _____

From	To	Size	Number	Discharge	Material	Casing	Line
<u>324</u>	<u>1078</u>	<u>1/4"</u>	<u>30</u>	<u>100</u>	<u>100</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>1078</u>	<u>1924</u>	<u>1/2"</u>	<u>10</u>	<u>100</u>	<u>100</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing
 Yield gallons Drawdown Drill stem at Time

2700 _____ _____ _____ _____

Temperature of water 83.9 Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any state contain water not suitable for intended use? Too little
 Salty Murky Oily Colored Other _____
Depth of strain: _____

(9) LOCATION OF WELL by legal description:
County Union Latitude _____ Longitude _____
Township 35 N or S Range 33 E E or W WM
Section 29 NW 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 64905 HULL RD.
Timber, OR

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date 6/1/00
Artesian pressure 22 lb. per square inch. Date 11/5/00

(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
<u>Top Soil</u>	<u>0</u>	<u>1</u>	
<u>Sand Tan</u>	<u>1</u>	<u>28</u>	
<u>Sand Tan + Clay Tan</u>	<u>28</u>	<u>36</u>	
<u>Clay Tan</u>	<u>36</u>	<u>68</u>	
<u>Clay Tan + Claystone Tan</u>	<u>68</u>	<u>69</u>	
<u>Clay Brown - Soft</u>	<u>69</u>	<u>72</u>	
<u>Sandy Clay Brown + Gravel</u>	<u>72</u>	<u>76</u>	
<u>Sand Brown + Box Black</u>	<u>76</u>	<u>87</u>	
<u>Clay Brown - Soft</u>	<u>87</u>	<u>89</u>	
<u>Sand Brown - Fine</u>	<u>89</u>	<u>93</u>	
<u>Clay Tan - Soft</u>	<u>93</u>	<u>101</u>	
<u>Clay Brown - Soft</u>	<u>101</u>	<u>103</u>	
<u>Gravel 3/8" under</u>	<u>103</u>	<u>106</u>	
<u>Clay Tan - Soft</u>	<u>106</u>	<u>112</u>	
<u>Sandstone Brown</u>	<u>112</u>	<u>115</u>	
<u>Clay Tan - Soft</u>	<u>115</u>	<u>119</u>	
<u>Clay Tan - Dry + Hard</u>	<u>119</u>	<u>125</u>	
<u>Clay Gray Black - Soft</u>	<u>125</u>	<u>130</u>	
<u>Clay Black - Dry + Hard</u>	<u>130</u>	<u>133</u>	
<u>Clay Gray Green - Soft</u>	<u>133</u>	<u>137</u>	

Date started 5/1/00 Completed 1-6-01

(bonded) 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 Lane WWC Number 1399 Date 2-12-01

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

WATER RESOURCES DEPT

WELL I.D. # 11477 112702
START CARD # 114785

Instructions for completing this report are on Oregon Form 500-001.

(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.
Expenses used Yes No Type _____ Amount _____

Diameter		From		To		Material		From		To		Seals or plugs	

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	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"/>
					<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:

From	To	Slot size	Number	Diameter	Material	Tubing 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"/>
							<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 Baller Air Flowing
Yield gallons _____ Drawdowns _____ Drill stem at _____ Time _____
I hr.

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analyzer done? Yes No 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
325	327	50 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Gray Green - Dry	307	325	
Clay Gray Sand Gravel & silt under	325	327	
Gravel 1/4" under	327	329	
Clay Dark Green - Dry	329	331	
Sand + Clay Green	331	332	
Clay Green - soft + hard	332	334	
Clay Green - Soft	334	335	
Clay Gray - Soft	335	337	
Clay Green - Soft + Dry	337	338	
Clay Green - soft + claystone	338	351	
Claystone - Dark Green	351	352	
Clay Green - Soft + Dry	352	356	
Clay Green - Pyrite Flakes	356	358	
Clay Green - Soft + Dry	358	362	
Clay Gray - Soft + Dry	362	388	
Clay Gray - Soft + Claystone	388	390	
Clay Gray - Soft + Dry	390	401	
Clay Green - Soft + Dry	401	406	
Sand Green - Cobble	406	408	
Clay Green - Gray - Soft + Hard	408	410	

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. Material's 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 _____ WWC Number 1344 Date 2-28-01

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 517.245)

WATER RESOURCES DEPT

WELL I.D. #1: 10017 4071.2
START CARD # 14185

Instructions for completing this report are on the reverse side of this form.

(1) OWNER: Well Number _____

Name _____
Address _____
City _____ State _____ Zip _____

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

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

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

(5) BOREHOLE 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:

Lining:	Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded

Final location of steel(s) _____

(7) PERFORATIONS/SCREENS:

From To	Te	S	N	D	M	T	C	L

(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 No By whom _____
Did any strata contain water not suitable for intended use? Yes (state _____)
 Salty Muddy Odor Fizzed 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
Clay Gray - Soft + Dry	410	414	
Claystone - Gray Brown	414	417	
Clay Gray - Soft + Hard	417	422	
Clay Brown - Soft	422	426	
Clay Gray - Soft + Dry	426	429	
Clay Green - Soft + Dry	429	430	
Clay Gray Brown - Soft + Dry	430	432	
Clay Green - Soft + Dry	432	436	
Clay Gray - Hard + Dry	436	438	
Clay Green - Hard + Dry	438	440	
Clay Green - Soft + Dry	440	442	
Clay Green + Claystone	442	445	
Clay Brown Gray - Soft + Dry	445	447	
Clay Dark Brown - Soft	447	452	
Clay Brown - Soft + Dry	452	456	
Clay Gray - Soft + Wood	456	462	
Basalt Block	462	468	
Basalt Gray - Some Brown	468	488	
Gray Clay + Ash		492	
Basalt Brown - Hard	492	493	

Date started _____ Completed _____

(Unbonded) Water Well Contractor Certification:
I certify that the work 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 Contractor 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 1379
Signed Willie Jones Date 2-12-01

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(7)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.740) WATER RESOURCES DEPT
INSTRUCTIONS FOR COMPLETING THIS REPORT ARE ON THE REVERSE SIDE OF THIS FORM.

WELL I.D.# L. 92297-1470?
START CARD # 14185

(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	Seals or pounds	

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

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

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Layer: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Size	Number	Diameter	Take/size	Casing	Layer
						<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 Bailor Air Flowing
Yield gallons _____ 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 Oily 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	(SW)
583	593	42 GPM	
594	611	108 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	(SW)
Basalt Black + Clay Black	550	551	
Clay Tan Gray + Basalt	551		
Black 1/4" Cinders		574	
Basalt Black Spale + Clay	574		
Gray, Brown + Red		582	
Basalt Black - Hard	582	583	
Basalt Gray + Clay Gray	583	593	
Basalt Black + Shale Brown	593	594	
Basalt Gray + Spale Gray	594	611	
Basalt Gray + Shale Green	611	623	
Basalt Gray with Brown coat	623	626	
Clay + Claystone Gray	626	627	
Clay Green - Soft	627	628	
Clay Brown - Soft + Dry	628	629	
Basalt Black + Clay	629		
Gray, Brown + Yellow Tan		644	
Clay Gray - Soft	644	663	
Clay Gray - Hard Soft	663	675	
Clay Gray + Claystone	675		
some Coar Red		684	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work 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 _____ Date _____
Signed _____

(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 2174 Date 6-12-01
Signed Wally Jones

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537-540)
WATER RESOURCES DEPT
Instructions for completing this report are given in separate details form.

WELL I.D. # L. 44197 A. 7. 2
START CARD # 14185

(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.
Explosion used Yes No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Rocks or gravel
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: _____
Liner: _____
Final location of above:

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Taps/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Arterial
Yield gallons Drawdowns Drill stem at _____ Time _____ l/hr.
Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes No by whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Murky Oily Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W, W.M.
Section _____ 1/4 _____ 1/8
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	SWI

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
Basalt Gray	684	689	
Shale All Colors	689	692	
Shale Green	693	696	
Basalt Black	695	697	
Shale Gray Black + Brown	697	704	
Basalt Black + Clay Gray	704	719	
Basalt Black	719	730	
Basalt Gray + Clay Gray	730	738	
Basalt Black + Shale Green	738	739	
Basalt Black + Cinders Red	739	741	
Basalt Brown + Brown Black	741	743	
Basalt Red Brown + Shale	743		
Tan + Green		749	
Basalt Brown + Shale Green	749	753	
Basalt Black + Shale Green	753	761	
Basalt Black + Gray +	761		
Shale Green		784	
Clay Gray Soft + Basalt	784		
Black + Shale Green		786	
Cinders Red + Clay Red	786	788	

Date started _____ Completed _____

(bonded) 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. Material 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 Michelle Brown WWC Number 1294
Date 2-28-01

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(7)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.369) WATER RESOURCES DEPT.

WELL I.D.# 4097 + 0702
START CARD # 114185

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number _____
Name _____

Address _____
City _____ State _____ Zip _____

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/modification) 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.
Explores used Yes No Type _____ Amount _____

HOLE		SEAL		Seals or passes	
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:	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"/>
				<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	Size	Number	Diameter	Material	Type		Casing	Liner
					Slot	Wire		
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Header Air Flowing Artesian

Yield gpm _____ Drawdown _____ Drill stem at _____ Time _____ lbs.

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any state certain water not suitable for intended use? Too little
 Salty Mucky 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 Brown + Shale Green	788	791	
Basalt Black + Clay Gray	791		
Shale Green		797	
Basalt Black	797	801	
Basalt Gray + Clay Gray	801	808	
Basalt Brown + Clay Brown	808	809	
Basalt Brown + Shale Green	809	811	
Basalt Brown + Clay Brown	811	813	
Basalt Gray + Shale Green	813	815	
Basalt Red + Shale Green	815	818	
Basalt Black + Clay Gray	818	823	
Basalt Gray + Clay or Ash	823	825	
Basalt Black + Clay Gray	825		
Shale Green		826	
Basalt Brown + Clay Brown	826	827	
Basalt Red + Clay Red-Soft	827	829	
Basalt Brown + Clay Brown-Soft	829	831	
Basalt Brown + Clay Tan-Soft	831	832	
Basalt Black + Clay Brown	832	836	
Basalt Brown + Clay Brown	836	837	

Date started _____ Completed _____

(Unauthorized) 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 _____

(Authorized) 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 Lane WWC Number 2177
Date 2-18-01

MAR 05 2001

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(C)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.310)
WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 40677 40706
START CARD # 114185

Instructions for completing this report are on the reverse 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 _____

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded	Casing	Liner

Final location of above:

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner	Material	

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

Yield gallons	Drawdown	Drill stem seal	Flowing Artesian	Time

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Two little
 Salty Murky Oily Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. W.M.
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 _____
Atmospheric pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
Basalt Black + Shale Green	837	840	
Clay Gray + tan - Soft	840	846	
Basalt Black + Shale Green	846	850	
Basalt Gray	850	857	
Clay Gray - Soft + Basalt Gray	857	861	
Basalt Gray + some Quartz	861	868	
Basalt Gray + clay some green	868	869	
Basalt Gray + White Quartz	869	871	
Basalt Black + Clay Gray	871	875	
Basalt Black + Brown +	875		
Green - Clay Gray		878	
Basalt Gray + Shale Green	878	880	
Clay Red + Clay Red	880	881	
Basalt Red + Clusters Red +	881		
Clay Red + Quartz White		886	
Basalt Brown + Clay Gray	886	898	
Basalt Red, Brown + Clusters Red	898		
Shale Green + White		904	
Basalt Black + Shale Green	904	907	
Clay Red + Brown - Soft	907	910	

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 1344
Signed W. Little Date 2-12-01

MAR 05 2001

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.365) WATER RESOURCES DEPT

WELL ID: # L 114185 / 11762

START CARD # 114185

Instructions for completing this report are printed on the back 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	Seals or proceeds	

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:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Arterian
Yield gals/hr	Drawdown	Drift down at	Time
			1 hr.

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes No by whom _____

Did any strata contain water not suitable for intended use? Yes 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:

Material	From	To	SWL
Clay + Silt "All Colors"	910	913	
Basalt Black + Clay Gray	913	920	
Clay Green + Basalt Black	920	922	
Clay Green + Silt Green +	922		
Basalt Gray		923	
Basalt Black + Gray + Clay Gray	923	925	
Clay Green + Gray + Basalt Black	925	926	
Basalt Black + Clay Gray	926	927	
Clay Green + Gray + Basalt	927		
Black		928	
Basalt Black + Clay Gray	928	935	
Clay Brown + Green - Soft	935	938	
Basalt Black + Clay Black Soft	938	943	
Basalt Gray + Ash Gray	943	949	
Basalt Gray + Cinders Red	949	951	
Basalt Gray + Clay Gray - Soft	951	970	
Basalt Brown + Quartz Brown	970		
Clay Gray		972	
Basalt Black + Clay Gray +	972		
Quartz White		974	

Date started _____ Completed _____

(bonded) 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 1377
Signed [Signature] Date 2-22-01

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STATE OF OREGON MAR 05 2001
WATER SUPPLY WELL REPORT

(As required by ORS 537.765) WATER RESOURCES DEPT

Instructions for completing this report are available on the back of this form.

WELL I.D.#: 141094 NoneSTART CARD # 114185**(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 B 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: _____

(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
985	987	350 GPM	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Basalt Gray	974	976	
Basalt Brown + Shale Green	976	978	
Basalt Gray + Clay Gray +	978		
Quartz White		981	
Clay Black + Soft	981	983	
Shale Black + Clay Black + Gray	983	984	
Clay Gray + Shale Black	984	985	
Basalt Black + Shale Green	985	987	
Basalt Gray + Clay Gray +	987		
Shale Green		1001	
Basalt Brown + Shale Green	1001	1003	
Basalt Black + Clay Gray	1003	1005	
Clay Gray	1005	1006	
Basalt Gray + Clay Gray	1006	1011	
Clay Green + Soft	1011	1017	
Shale Green	1017	1021	
Clay Gray + Soft	1021	1030	
Basalt Black	1030	1036	
Basalt Gray	1036	1044	
Basalt Black	1044	1046	

Date started _____ Completed _____

(Inscribed) 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 _____

(Inscribed) 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 1399Signed Walter Lane Date 2-18-01

ORIGINAL & FIRST COPY WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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

MAR 05 2001

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50233WELL I.D.# L. 114185
START CARD# 114185

Instructions for completing this report are on the back of this form.

WATER RESOURCES DEPT.
SALMON, 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: _____

(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 _____

Artisan pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI
1066	1076	30 GPM	
1091	1119	22 GPM	
1150	1153	22 GPM	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWI
Clay Green - Soft	1046	1052	
Basalt Black Brown + shale Green	1052	1057	
Basalt Black + Shale Green	1057	1061	
Basalt Gray + Shale Green	1061	1066	
Basalt Black + Linder Red	1066	1076	
Basalt Gray + Shale Green	1076	1091	
Basalt Gray + Clay Gray	1091	1119	
Basalt Red + Clay Gray	1119	1121	
Basalt Red + Shale Green	1121	1123	
Linder Red + Shale Green	1123	1143	
Linder Black + Shale Green	1143	1150	
Basalt Gray + Shale Green	1150	1153	
Basalt Black + Shale Green	1153	1157	
Linder Red + Black + Shale Green	1157	1161	
Linder Red + Brown	1161	1163	
Basalt Red + Shale Green	1163	1165	
Basalt Black + Brown	1165	1169	
Basalt Black + Clay Gray	1169	1174	
Basalt Black + Linder Red	1174	1180	
Basalt Black	1180	1182	

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 2097Signed Walter Lorne Date 2/22/01

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORS 517.760) WATER RESOURCES DEPT
Instructions for completing this report are on **OR-MS-600** form.

WELL I.D. # 1117
START CARD # 14185

(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		Material	From		To	Seals or grouts
	To	To		To	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:	Diameter	From		To	Gauge	Steel	Plastic	Welded	Threaded
		To	To						

Final location of screen(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens type _____ Material _____

From	To	Slot size	Number	Diameter	Tele-type size	Material	Casting	Liner

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

Pump Bailor Air Flowing Artesian

Yield gallons _____ Drawdown _____ Drill stem at _____ Time _____
_____ h. r.

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 Oily 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	SWI

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
Basalt Gray + Clay Gray	1182	1189	
Basalt Black + Clay Green	1189	1193	
Basalt Gray + Shale Green	1193	1194	
Basalt Black + Shale Green	1194	1195	
Basalt Gray + Clay Green	1195	1206	
Basalt Black + Clay Green Brown	1206	1209	
Basalt Gray + Shale Green	1209	1233	
Basalt Gray + Quartz White	1233	1238	
Basalt Gray + Clones Red +	1238		
Shale Green		1244	
Basalt Brown + Gray	1244	1257	
Basalt Gray + Clones Red	1257	1260	
Basalt Gray + Clay Gray	1260	1269	
Basalt Gray + Brown	1269	1301	
Basalt Black + Shale Green	1301	1304	
Basalt Black + Clay Black	1304	1306	
Basalt Black + Clay Green	1306	1308	
Basalt Gray + Clay Gray	1308	1311	
Basalt Brown + Clay Gray	1311	1314	
Basalt Gray + Clay Gray	1314	1323	

Date started _____ Completed _____

(Unbanded) 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. Material used and information reported above are true to the best of my knowledge and belief.
Signed _____ WWC Number _____ Date _____

(Banded) 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 Lane WWC Number 1249 Date 2/12/01

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.345)
WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # 400099 10.22
START CARD # 114185

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:

Casing:	Diameter	From	To	Gauge	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"/>
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Linear
						<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 Artisan

Yield gallons	Drawdown	Drill stem at	Time

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes No By whom _____

Did any strata contain water not suitable for intended use? Yes No little

Salty Murky 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
1369	1371	25 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt (light Gray) Clay Green	1333	1335	
Basalt Gray + Shale Green	1333	1335	
Basalt Gray + Brown	1335	1337	
Basalt Black + Green	1337	1338	
Basalt H Gray + Shale Green	1338	1341	
Basalt Black	1341	1343	
Basalt Gray	1343	1353	
Basalt + Black + Shale Green	1353	1355	
Basalt Gray Vec. + Clay Green	1355	1365	
Basalt Black + Brown + Shale Green	1365	1366	
Cinders + H. Brown	1366	1368	
Shale Green	1368	1368	
Cinders Black + Shale Green	1368	1369	
Basalt Black Vec.	1369	1371	
Basalt Gray Vec. + Shale Green	1371	1373	
Basalt Gray	1373	1388	
Basalt Black + Clay Green	1388	1390	
Clay Green + Soft + Basalt Black	1390	1392	
Basalt Black + Clay Green + Hard	1392	1394	

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. Material 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 W. J. [Signature] WWC Number 1544
Date 2-12-01

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(16)

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 512.765)
WATER RESOURCES DEPT
SALEM, OREGON
Instructions for completing this report are on the last page of this form.

WELL I.D. #: 1415
START CARD # 14185

(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		Seals or pounds
			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	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"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Pump Bailor Air Flowing Artesian
Yield gallons _____ 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 Murky 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	SWI
1415	1416	15 GPM	
1585	1535	35 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
Basalt Gray + Clay Gray	1394	1401	
Basalt Black + Clay Gray	1401	1404	
Basalt Gray + Clay Gray	1404	1413	
Basalt Black + Brown	1413	1415	
Basalt Black + Shale Green	1415	1416	
Basalt Gray + Clay Gray	1416	1417	
Basalt Black with Brown Cont.	1417		
Shale Green		1431	
Basalt Gray + Clay Gray	1431	1435	
Linders + Shale All colors	1435	1480	
Basalt Gray + Clay Gray	1480	1484	
Basalt Gray	1484	1505	
Linders Red + Shale Green + Brown	1505	1519	
Basalt Black + Shale Green	1519	1525	
Basalt Gray + Shale Green	1525	1536	
Basalt Gray + Clay Gray	1536	1537	
Basalt Gray + Shale Green	1537	1544	
Basalt Black Ver. + Shale Green	1544	1561	
Linders Red + Shale Green	1561	1563	

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 1379
Signed [Signature] Date 2-12-11

