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NOV 13 2001

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

WATER RESOURCES DEPT.  
Salem, Oregon

WELL I.D. # 49958  
START CARD # 117002

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

(1) OWNER: Well Number 1  
Name Don Buerkel  
Address Box 334  
City North Powder State OR Zip 97867

(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 827 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL				
Diameter	From To	Material	From To	Sacks or pounds		
<u>14 3/4</u>	<u>616</u> <u>827</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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>16</u>	<u>+</u>	<u>616</u>	<u>1 1/4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>14</u>	<u>567</u>	<u>800</u>	<u>.375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Touch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>800</u>	<u>779</u>	<u>1/2 x 1/8</u>	<u>91</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>716</u>	<u>737</u>	<u>1/2 x 1/8</u>	<u>56</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>50+</u>	<u>NONE</u>		<u>1 hr.</u>

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 Union Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5 N or S Range 39 E or W. WM.  
Section 21 NW 1/4 NW 1/4  
Tax Lot 2600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Exit 278

(10) STATIC WATER LEVEL:  
11 ft. below land surface. Date Oct 19, 2001  
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
<u>Attempt to Put</u>			
<u>Casing in to</u>			
<u>829' Clean out</u>			
<u>Hole to 827</u>			
<u>Tried to DRIVE</u>			
<u>Liner Down to</u>			
<u>Show 1st hole</u>			
<u>Open Below</u>			

Date started Oct 3, 2001 Completed Oct 19, 2001

(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 Jody Carpenter WWC Number 1669 Date Oct 19, 2001

(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 Jody Carpenter WWC Number 1669 Date Oct 19, 2001