

UNIO 51315

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

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

(1) OWNER: Well Number L50714
Name Walter Roger (Calvin) Farm
Address 12314 E. Broadway St
City Spokane State WA Zip 99216

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 310 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
28"	0	550	5/8 Benkild	0	55	8750#	

How was seal placed: Method A B C D E
 Other Cement Grout = Dry Pack
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 55 ft. to 350 ft. Size of gravel 1/2"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 110"	12	118	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	178	228	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	238	328	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	338	348	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	358	368	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Screened well wrap
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele. pipe size	Casing	Liner
118	178	.035	-	110"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
228	238	.035	-	110"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
328	338	.035	-	110"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
348	358	.035	-	110"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200	-	250	1 hr.

Well on Pump start at Late
Data for good data
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 Lincoln Latitude _____ Longitude _____
Township 3 N or S Range 29 E or W. WM.
Section 24 SW 1/4 SW 1/4
Tax Lot 6200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Cordley Rd

(10) STATIC WATER LEVEL:
12' ft. below land surface. Date 2/1/03
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
all sands - gravel			
have water			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
Clay	2	3	
Brown clay	3	12	
Blue clay w/ sh, no	12	34	
CLAY			
Orange sand - fine gravel	34	37	
Blue clay	37	40	
BRN CLAY - SILT SAND	40	118	
SAND SILT - BRN CLAY	118	178	
Blue clay - sand	178	358	
Blue clay	358	550	

RECEIVED
RECEIVED
APR 25 2003
JUL 29 2004
WATER RESOURCES DEPT SALEM, OREGON
WATER RESOURCES DEPT SALEM, OREGON

Date started 1-29-03 Completed 2-15-03
(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 1505
Date 2-27-03

(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 1506
Date 2-27-03

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

WELL I.D. # L 50704
START CARD # 141807

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

(1) OWNER:

Well Number 50704
Name Wales River Golf and Country Club
Address 2371 E. Broadway St
City Yreka State CA Zip 96098

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other Reverse Rotary

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 368 ft.
Explosives used Yes No Type _____ Amount _____

HOLE

SEAL

Diameter From To Material From To Sacks or pounds
28" 0 550' Blank 0 55' 577#
Finished with Gravel from 368' to 550' straight Blue Clay
How was seal placed: Method A B C D E
 Other Gravel - Blue Clay
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 55' ft. to 368' ft. Size of gravel 1/2"

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>110"</u>	<u>12'</u>	<u>118'</u>	<u>205</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>178'</u>	<u>228'</u>	<u>225</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>228'</u>	<u>328'</u>	<u>225</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>328'</u>	<u>318'</u>	<u>325</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:		<u>55'</u>	<u>318'</u>	<u>225</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

		Method		Material			
		Screens		Type		Tele/pipe size	
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>118'</u>	<u>178'</u>	<u>275</u>	-	<u>110"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>228'</u>	<u>228'</u>	<u>225</u>	-	<u>110"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>328'</u>	<u>338'</u>	<u>235</u>	-	<u>110"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>318'</u>	<u>358'</u>	<u>235</u>	-	<u>110"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian
Yield gal/min 200 Drawdown _____ Drill stem at _____ Time _____
Well OK, throughout 2+ hours
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 3 N or S Range 29 B or W. WM.
Section 24 SW 1/4 SW 1/4
Tax Lot 1020 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Woodley Rd

(10) STATIC WATER LEVEL:

1.9' ft. below land surface. Date 2/1/03
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 12'

From	To	Estimated Flow Rate	SWL
<u>0'</u>	<u>12'</u>	<u>gpm</u>	

(12) WELL LOG:

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>2</u>	
<u>CLAY</u>	<u>2</u>	<u>3</u>	
<u>CLAY</u>	<u>3</u>	<u>12</u>	
<u>Blue Clay</u>	<u>12</u>	<u>32'</u>	
<u>Gravel</u>			
<u>Gravel</u>	<u>32'</u>	<u>34'</u>	
<u>Blue Clay</u>	<u>37'</u>	<u>110</u>	
<u>Blue Clay</u>	<u>55'</u>	<u>118</u>	
<u>Blue Clay</u>	<u>118</u>	<u>178</u>	
<u>Blue Clay</u>	<u>178</u>	<u>358</u>	
<u>Blue Clay</u>	<u>358</u>	<u>550</u>	

RECEIVED
MAR 03 2003
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
MAR 24 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date started 1-29-03 Completed 2-15-03
(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 1509
Date 2-27-03

(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 1506
Date 2-27-03