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MAY 27 2003

STATE OF OREGON WATER RESOURCES DEPT. (as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 50705 START CARD # 128602

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

(1) OWNER: Well Number Name Mike Becker Address P.O. Box 1159 City Dal Grande State OR Zip 97850

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [X] Cable [] Auger [X] Other Reverse Rotor

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 418 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Row 1: 210", 0, 484, Cement grout, 0, 50, 5 yds.

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Pumped bottom to top Backfill placed from 50 ft. to 55 ft. Material Bentonite Gravel placed from 55 ft. to 484 ft. Size of gravel 3/8"

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for casing diameters 110", 140", 190", 230", 290", 400", 470".

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Rows for various slot sizes and diameters.

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

Table for well tests with columns: Yield gal/min, Drawdown, Air, Drill stem at, Flowing, Time. Row 1: 100, , [X] Air, 400', [] Flowing, 1 hr.

Temperature of water 59° 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 10 E or W WM. Section 31 NW 1/4 NW 1/4 Tax Lot 9500 Lot Block Subdivision Street Address of Well (or nearest address) Union Cove Hwy

(10) STATIC WATER LEVEL: +1 ft. below land surface. Date 4-30-03 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. Row 1: all sands + gravels Below 6" have water

(12) WELL LOG: Ground Elevation

Table for well log with columns: Material, From, To, SWL. Rows: Top Soil, River Rock, Brn. Sand, Brn Clay, Coarse Sand, Pea gravel, Brn Clay, Coarse Sand, Gravel, Brn Clay, Blue Clay, Gravel, Sandstone, Blue Sandstone, Blue Clay, Coarse Sand, Pea gravel, Blue Clay, Sand, River Rock, Blue Clay w/sand gravel, Fine Black Sand, Blue Clay w/sand shells, Fine Black Sand, Blue Clay w/sand shells.

Date started 3-03-03 Completed 4-30-03

(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.

Signed [Signature] WWC Number 1909 Date 5-22-03

(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 [Signature] WWC Number 1906 Date 5-22-03

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

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

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

(1) OWNER: Mike Becker 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:

From	To	Slot size	Number	Diameter	Material	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

<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
Black Sand & gravel	261	264	
Blue Clay	264	272	
Black Sand & gravel	272	289	
Blue Clay	289	293	
fine Black Sand	293	312	
Blue Clay	312	352	
Med Black Sand & gravel	352	361	
Blue Clay	361	362	
Black Sand & gravel	362	365	
Blue Clay & Black Sand	365	388	
Brn Clay & gravel med	388	395	
Brn Clay & gravel	395	449	
Gray Clay	449	449	
Brn Clay sand	449	484	
Gravel			

RECEIVED

MAY 27 2003

WATER RESOURCES DEPT.
SALEM, OREGON

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 _____
Signed _____ Date _____