

UNIO 51380
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STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 50209
 START CARD # 141875

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

(1) LAND OWNER Well Number _____
 Name Nick Hiner + Dick Hiner Trust
 Address Little Creek Ranch Box 109
 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 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 292' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
26"	0	126'	Gravel	103	126'	3 yds
18 1/2"	126	132'	Bestonite	0	30'	
12 1/2"	132	292'				

How was seal placed: Method A B C D E
 Other over bore + Pump.
 Backfill placed from 30' ft. to 103' ft. Material Gravel
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 18"	+2	129'	375	<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"/>

Drive Shoe used Inside Outside None
 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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1256 PM	220'	220'	4 hr.

Pump Bailer Air Artesian
 Temperature of water 58° 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 6 N or S Range 39 E or W. WM.
 Section 8 NE 1/4 NE 1/4
 Tax Lot 1700 Lot 1206 Block _____ Subdivision _____
 Street Address of Well (or nearest address) Oregon Trail Rd.

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 5-20-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>75'</u>			
<u>121'</u>	<u>292'</u>	<u>1256 PM.</u>	<u>75'</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Clay	2	8'	
Sand & Gravel	8'	17'	
Ben Clay	17	27'	
Sand & Gravel	27	28'	
Blue Clay with Sand	28'	111'	
Blue Clay	111'	121'	
Broken Rock	121	292' 292'	

RECEIVED
 JUN 30 2003
 WATER RESOURCES DEPT
 SALEM, OREGON
 RECEIVED
 JUL 17 2003
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started 4-23-03 Completed 5-30-03

(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 _____ WWC Number 1505
 Date 5-30-03

(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 5-30-03