

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 85275
 START CARD # 193731

(1) LAND OWNER Owner Well I.D. _____
 First Name CHRIS & DONNA Last Name HEFFERNAN
 Company _____
 Address 63600 VEIWOPOINT LANE
 City NORTH POWDER State OR Zip 97867

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 405 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
26	0	409	Bentonite	0	12	4,000	P
17	409	412	Cement GROUT	12	100	8	YRD
12	412	424	Cement GROUT	205	210	.75	YRD

How was seal placed: Method A B C D E
 Other DRY POUR BENTONITE
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 100 ft. to 205 ft. Material GRAVEL Size pea gravel
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		2	124	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18		164	241	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18		261	315	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18		325	405	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type JOHNSON WIRE Material M.S.

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Screen	Casing	18	124	164		.04		
Screen	Casing	18	241	261		.04		
Screen	Casing	18	315	325		.04		
Perf	Casing	18	385	405	.125	4		

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,000	84	250	72

Temperature 59 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County UNION Twp 5 S N/S Range 39 E E/W WM
 Sec 34 NW 1/4 of the NW 1/4 Tax Lot 4100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

OLSEN ROAD & BAGWELL ROAD

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	SWL(psi)	SWL(ft)
Completed Well	04-03-2008	1

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 10

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-19-2008	6	10			
03-19-2008	14	22			
03-19-2008	67	72			
03-19-2008	114	116			
03-20-2008	122	132			

(11) WELL LOG Ground Elevation _____

Material	From	To
DARK TOP SOIL	0	2
SILTY BROWN CLAY	2	6
BROWN COARSE SAND	6	10
BROWN BURNT CLAY	10	14
SAND & SMALL GRAVEL	14	22
BROWN CLAY	22	32
BROWN SLITY CLAY	32	50
BROWN CLAY W/SM SAND STREAKS	50	67
FINE BRN SAND	67	72
GREY STICKY CLAY	72	85
GREY STICKY CLAY, SOFT SANDSTONE, FINE	85	92
STICKY BLUE CLAY	92	105
GREEN SANDY CLAY	105	108
BROWN CLAY	108	114
FINE SAND, SOFT SANDSTONE	114	116
GREY CLAY	116	122
COARSE GREY SAND	122	132
TAN STICKY CLAY	132	134
BROWN COARSE SAND W/SM CLAY LAYER	134	165

Date Started 03-20-2008 Completed 05-05-2008

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

License Number 1764 Date 05-07-2008
 Password: (if filing electronically) _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

License Number 150 Date 05-07-2008
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

