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WALL 50624

STATE OF OREGON
WATER SUPPLY WELL REPORT

OCT 23 2002

WELL I.D. # L 60697
START CARD # 146641

(as required by ORS 537.765) WATER RESOURCES DEPT.

Instructions for completing this report are on page 1 of this form.

(1) LAND OWNER Well Number 43
Name JAMES R Smetkal
Address 48143 NW Palke Dr
City Banks State OR Zip 97106

(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 605 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	38	Concret	20	58	3 Sacks
8	38	605	Bentonite	0	20	9 Sacks

How was seal placed: Method A B C D E
 Other Poured Bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	8	12	38	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	7	48	5/8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 8" 38'

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
440	480	5/16	100		6"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30		590	1 hr.

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 WALLOWAY Latitude _____ Longitude _____
Township 13 N or S Range 45E E or W. WM.
Section 35 NW 1/4 SW 1/4
Tax Lot 3702 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Crow Creek Rd
Enterprise OR

(10) STATIC WATER LEVEL:
480 ft. below land surface. Date 10-17-02
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
540	580	30	480

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Black Basalt	1	45	
Vascular Brown Basalt w Clay Fractured Basalt			
Summs	45	245	
Fractured Brown Basalt	245	365	
Sat Red Rock			
Fractured Black Basalt	365	410	
Vascular Brown Basalt	410	430	
Fractured Black Basalt	430	540	
Fractured Brown Basalt	540	580	
Fractured Black Basalt	580	605	480

Date started 10-11-02 Completed 10-17-02

(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 Michael J. [Signature] WWC Number 1737 Date 10-19-02

(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 Robert W. Staffel WWC Number 415 Date 10-19-02