RECEIVED WALL 50626

STATE OF OREGON OCT 2 3 2002					
	TC	WELL I.D. # L 60695			
WATER SUPPLY WELL REPORT (as required by ORS 537.765) Instructions for completing this report are on the last page of this	is form.	START CARD	# <u>1466</u>	42	
(1) LAND OWNER Well Number		OF WELL by legal	description:		
Name JAMES SMESKAL		ALLORY Latitude		ongitude	
Address 42 142 New PALACE Dr.	Township	N or S Range	40	E or W.	WM.
		<u>5 NW</u> 1/4			
(2) TYPE OF WORK		LotBloc			
New Well Deepening Alteration (repair/recondition)		of Well (or nearest address			
(3) DRILL METHOD: Brotary Air Rotary Mud Cable Auger	Newy G	THURK PIT E TATER LEVEL:			
Other	L	ft. below land surface.		Date 16	-7-03
(4) PROPOSED USE:	Artesian pressu	relb. per	square inch	Date	
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation		EARING ZONES:			
☐ Thermal ☐ Injection ☐ Livestock ☐ Other	' '		***		
(5) BORE HOLE CONSTRUCTION:		nter was first found	750	<u> </u>	
Special Construction approval Yes No Depth of Completed W	/ell/25_ft. From	From To		Estimated Flow Rate SWL	
Explosives used Yes No TypeAmount	250	785	20		600
HOLE SEAL	130	(0-			
Diameter From To Material From To Sacks or p	pounds				
12 0 38 CONCERT 10 38 1050			<u> </u>		
Boxbaite 0 10 43A	ocks				1
8 38 785					
How was seal placed: Method \(\triangle A \) \(\triangle B \) \(\triangle C \) \(\triangle D \)	\Box (12) WELL LO				
How was scar placed.	a	Ground Elevation			
		Material	From	To	SWL
Backfill placed fromft. toft. Material Gravet placed fromft. to Size of gravel	20.L		0	2	
		A 44 4 / E		30	
(6) CASING/LINER:		AADALT BABALT		45	
Diameter From To Gauge Steel Plastic Welded			30	1 -	-
Casing.	R. J. Clar	FIRE L ROCK	45	70	1
	/ \ 	4 1 1 1 1 1 1 1 1 1 1 1	70	100	
		d BlnckBM		200	+
	Grant	Rock	200	238	
Liner:		d BLACK KASAL		420	
Drive Shoe used Inside Outside None	1	Brown Rock	420	445-	<u> </u>
Final location of shoe(s)	Fraktures		- 445-	490	
(7) PERFORATIONS/SCREENS:	- Vascular	BROWN BASALT	490	5 20	
Perforations Method	Fractweed	BLOCK BASSY	<u> </u>	670	
Screens Type Material	Black B	nsmLT	670	750	
Slot Tele/pipe	Fractur	W Black Basa	H 750	785	600
From To size Number Diameter size Casing	g Liner			-	-
					
- WONE					ļ
				ļ	
(9) MINI I TECTO, Minimum testing time is I have	Date started	16-2-02 Con	npleted	1-7-6	7
(8) WELL TESTS: Minimum testing time is 1 hour		Well Constructor Certif			
□ Pump □ Bailer □ Air □ Art	tesian I certify that th	e work I performed on the	construction, alte	eration, or ab	andon-
Yield gal/min Drawdown Drill stem at	Time ment of this well is	in compliance with Orego	n water supply w	vell construct	ion
25 775	1 hr. standards. Material knowledge and bel	s used and information rep	onted above are t	rue to the be	st of my
	Knowledge and bei	O a Mar	WWC Nu	_{mber}	ン/
	Signed Man	Kal VIV	~	Date //>/	9-02
	-	Vell Constructor Certifica		7	,
Temperature of water Depth Artesian Flow Found		sibility for the construction		ibandonment	work
Was a water analysis done? Yes By whom	performed on this v	well during the construction	n dates reported a	above. All wo	ork
Did any strata contain water not surrain.	Too little performed during t	his time is in compliance v	vith Oregon wate	r supply well	l
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other	construction standa	ards. This report is true to t	ne best of my knowwer No	owledge and mber <u>44</u>	Dellet.
Depth of strata:	Signed	MILLIU	W WC NU	mber <u> </u>	202
	Signed			Suc July	1