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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT

WELL I.D. # L 73219

START CARD # 145833

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

(1) LAND OWNER

Name RAY BENZEL
Address 80650 WAMIC MKT RD
City WAMIC State OR Zip 97063

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	115	CEMENT	0	115	25
8	115	459				

How was seal placed: Method A B C D E
 Other Pressure Pumped Bottom up

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	+2	115	1.250	<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) 115

(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
175	100%	458	1 hr.

Temperature of water 56 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 WASCO Latitude _____ Longitude _____
Township 4 S N or S Range 12 E E or W. WM.
Section 14 SE 1/4 NW 1/4
Tax Lot 1900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 80650 WAMIC MKT RD WAMIC OR 97063

(10) STATIC WATER LEVEL:

220 ft. below land surface. Date 9-24-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 279

From	To	Estimated Flow Rate	SWL
279	450	175	220

(12) WELL LOG:

Ground Elevation 1100

Material	From	To	SWL
SOIL + Boulders	0	10	
RED, GREY + BLACK ROCK	10	93	
CINDERS RED	93	98	
RED, GREY + BLACK ROCK	98	279	
RED, GREY + BLACK ROCK, CINDERS + GREY CLAY (WB)	279	450	220
GREY BASALT	450	459	

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FEB 14 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date started 9-3-05 Completed 9-24-05

(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 1782
Signed Jo White Date 9-30-05