

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(1) LAND OWNER Name RAUDY MARSHALL Well Number \_\_\_\_\_  
Address ARCTS 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 865 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	18	BENTONITE	0	18	13
10	18	865				

How was seal placed: Method  A  B  C  D  E  
 Other ROUPE

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
10	+2	18	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

Pump  Bailer  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300	10090	864	1 hr.

Temperature of water 63 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: \_\_\_\_\_

WASC 51459

WELL I.D. # L 23217

START CARD # 145850

(9) LOCATION OF WELL by legal description:  
County WASCO Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 4S N or S Range 12 E E or W. WM.  
Section 28 SW 1/4 SE 1/4  
Tax Lot 5200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SOUTH ON SMOCK RD 1/4 MILE PAST GATE CREEK

(10) STATIC WATER LEVEL:  
500 ft. below land surface. Date 2-20-05  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 699

From	To	Estimated Flow Rate	SWL
699	865	300 gpm	500

(12) WELL LOG:  
Ground Elevation 1900

Material	From	To	SWL
SOIL	0	7	
GREY BASALT	7	28	
LAVA ROCK BLACK	28	47	
CINDERS RED	47	58	
LAVA ROCK GREY+BLACK	58	200	
GREY+BROWN ROCK (CINDERS)	200	241	
LAVA ROCK GREY	241	257	
CINDERS RED	257	317	
LAVA ROCK GREY	317	469	
GREY+BROWN ROCK	469	699	
GREY, BROWN, RED, BLUE + YELLOW ROCK (WB)	699	865	500

<p><b>RECEIVED</b></p> <p>DEC 12 2006</p> <p>WATER RESOURCES DEPT SALEM, OREGON</p>	<p><b>RECEIVED</b></p> <p>MAR 10 2006</p> <p>WATER RESOURCES DEPT SALEM, OREGON</p>
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Date started 1-7-06 Completed 2-20-06

(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 [Signature] Date 3-14-06