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

WASC 51711 07-20-2009

WELL LABEL # L 70755

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START CARD # 1007140

(1) LAND OWNER Owner Well I.D	(9) LOCATION OF WELL (legal description)
First Name BILL Last Name <u>REEVES</u>	County W_{asco} Twp 2.00 N N/S Range 12.00 E E/W WM
Company Last Name <u>REEVES</u>	Sec $\underline{7}$ NE 1/4 of the NE 1/4 Tax Lot 100
Address 1027 ROOT RD.	Tax Map Number Lot
City MOSIER State OR Zip 97040	Tax Map Number Lot Lat ' ' or 45.67178600 DMS or DD
	Long ' or <u>-121.37143700</u> DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Street address of well Nearest address
Alteration (repair/recondition)	1027 ROOT RD.
(3) DRILL METHOD	MOSIER, OR 97040
Rotary Air Rotary Mud Cable Auger Cable Mud	
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
	Existing Well / Predeepening 06-17-2009
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 07-02-2009 349
Industrial/ Commericial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	
Depth of Completed Well <u>622.00</u> ft.	
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	
7.78 578 622	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	
	Material From To Medium hard grey basalt 578 595
Other	Very hard grey basalt 595 605
Filter pack from ft. to ft. Material Size	Medium grey basalt 605 610
Explosives used: Yes Type Amount	Hard black basalt 610 622
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started <u>06-17-2009</u> Completed <u>07-02-2009</u>
The provide the pr	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer Air Flowing Artesian	Electronically Filed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	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
Temperature °F Lab analysis Yes By	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.
Water quality concerns? Yes (describe below)	
From To Description Amount Units	License Number <u>1821</u> Date <u>07-20-2009</u>
	Electronically Filed
	Signed <u>MICHAEL BYRD (E-filed)</u> Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95