

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 78914

START CARD # 185213

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name PAUL Last Name SCHANNO

Company \_\_\_\_\_

Address 82163 DUFUR VALLEY RD.

City DUFUR State OR Zip 97021

(2) TYPE OF WORK

- New Well [X] Deepening [ ] Conversion [ ]
Alteration (repair/recondition) [ ] Abandonment [ ]

(3) DRILL METHOD

- Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud [ ]
Reverse Rotary [ ] Other [ ]

(4) PROPOSED USE

- Domestic [ ] Irrigation [X] Community [ ]
Industrial/ Commercial [ ] Livestock [ ] Dewatering [ ]
Thermal [ ] Injection [ ] Other [ ]

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 315 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs, Sacks/lbs. Row 1: 25, 0, 18, Granular Bentonite, 0, 18, 51, S

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E [ ]

[ ] Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: [ ] Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 16, 1, 19, .250, [X]

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 115

Temp casing [ ] Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/pipe size

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

- Pump [ ] Bailer [ ] Air [X] Flowing Artesian [ ]

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 400, 317, 1

Temperature 58 °F Lab analysis [ ] Yes By \_\_\_\_\_

Water quality concerns? [ ] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Includes 'RECEIVED' stamp and 'JAN 27 2010' stamp.

(9) LOCATION OF WELL (legal description)

County WASC Twp 1 N N/S Range 14 E E/W WM

Sec 3 SE 1/4 of the NW 1/4 Tax Lot 400

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

[ ] Street address of well [ ] Nearest address

1 1/4 MILE EAST OF COMPANY HOLLOW AND KELLY CUT OFF

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 09-29-2007, 17

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 49

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 08-10-2007, 49, 82, 400, 17

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Table with columns: Material, From, To. Rows include SOIL, CLAY, GRAVEL AND CLAY, GRAVEL RIVER, etc.

Date Started 07-24-2007 Completed 09-29-2007

(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.

License Number \_\_\_\_\_ Date \_\_\_\_\_

Password : (if filing electronically) \_\_\_\_\_

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.

License Number 790 Date 11-14-2009

Password : (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

Contact Info (optional) \_\_\_\_\_

WATER RESOURCES DEPARTMENT ORIGINAL WATER RESOURCES DEPARTMENT



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START CARD # 185213

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Owner Well I.D.
First Name PAUL Last Name SCHIANO
Company
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City DUFUR State OR Zip 97021

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[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] Attach copy
Depth of Completed Well 315 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 25, 0, 18, Granular Bentonite, 0, 18, 51, S

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, From, To, Gauge, SU, Plstc, Wld, Thrd. Includes shoe location: 115

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Liner, Dia, From, To, Serr/slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [ ] Bailor [ ] Air [X] Flowing Artesian
Yield gal/min 400 Drawdown 317 Duration (hr) 1

Table with columns: From, To, Description, Amount, Units. Temperature 58 F Lab analysis [ ] Yes By

(9) LOCATION OF WELL (legal description)
County WASC0 Twp 1 N N/S Range 14 E E/W WM
Sec 3 SE 1/4 of the NW 1/4 Tax Lot 400
Tax Map Number Lot
Lat 0 0 or DMS or DD
Long 0 0 or DMS or DD
[ ] Street address of well [ ] Nearest address
1 1/4 MILE EAST OF COMPANY HOLLOW AND KELLY CUT OFF

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Prodeepening
Completed Well 09-29-2007 17
Flowing Artesian? [ ] Dry Hole? [ ]
WATER BEARING ZONES
Depth water was first found 49
SWL Date From To Est Flow SWL(psi) + SWL(ft)
08-10-2007 49 82 400 17

(11) WELL LOG
Ground Elevation
Material From To
SOIL 0 12
CLAY 12 23
GRAVEL AND CLAY 23 28
GRAVEL RIVER 28 46
CLAY PINK 46 49
GRAVEL RIVER LARGE W/B 49 82
GRAVEL WITH CLAY GRAY 82 107
GRAVEL WITH CLAY GRAY AND WHITE 107 115
ROCK FRAC. BRN. W/GREEN CLAYSTONE 115 193
BASALT FRAC. BLK. W/GREEN CLAYSTONE 193 206
ROCK FRAC. MED BRN. 206 214
BASALT FRAC. BLK. W/GREEN CLAYSTONE 214 227
CLAY YELLOW SOFT 227 268
ROCK FRAC. BRN. 268 274
BASALT FRAC. HARD BLK. 274 320
BASALT HARD GRAY 320 344
BASALT FRAC. VESICULAR MED. BLK. 344 364
BASALT FRAC. VESICULAR HARD GRAY 364 415
BASALT SOFT GRAY 415 520

Date Started 07-24-2007 Completed 09-29-2007

(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 test results reported above are true to the best of my knowledge and belief.

License Number
Password : (if filing electronically)
Signed

(bonded) Water Well Constructor
WATER RESOURCES DEPT
SALEM, OREGON

I accept responsibility for the construction, deepening, 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.
License Number 709 Date 11-14-2009
Password : (if filing electronically) \*\*\*\*
Signed
Contact Info (optional)

