

NOV 14 2001

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 52373

START CARD # 144301

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

(1) LAND OWNER Well Number _____
Name WINFELL ESTATES WATER ASSOC.
Address 41691 NW COVEY LANE
City BANKS, State OR Zip 97106

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

Diameter	HOLE		Material	SEAL		Sacks or pounds
	From	To		From	To	
10"	0	189	Cement	0	189	51 sacks
6 3/4"	189	326	Cement	189	195	
6"	326	660				

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

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

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6"	+2	195	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	-44	660	200	psi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Drilled
 Screens Type _____ Material PVC-200

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
600	660	1/3"	115	4 1/2"	Pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20+		660'	1 hr.
18		500	"
12		375	"

Temperature of water 54°F 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 Washington Latitude _____ Longitude _____
Township 2N N or S Range 3W E or W. WM.
Section 30 SE 1/4 NW 1/4
Tax Lot 1008 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Winfellestates water 41691 N.W. Covey Lane, Banks Or 97106

(10) STATIC WATER LEVEL:
340' ft. below land surface. Date 11/8/01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 360'

From	To	Estimated Flow Rate	SWL
360	366	12	340
546	566	8+	340

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brn clay	0	5	
Red brn decomp rock	5	15	
Gry brn & brn decomp rock	15	19	
Orange brn sandy clystone	19	49	
Red brn & brn clay	49	130	
Soft brn decomp rock	130	177	
Gry brn & brn basalt	177	249	
Gray basalt	249	294	
Gry brn basalt	294	308	
Hard gry basalt	308	339	
Gry brn basalt w/brn streaks.	339	362	340
Gry & gry blk basalt frac	362	426	340
Gry brn & brn basalt w/soft streaks.	426	461	
Gry blk & gry basalt	461	537	
Hard gry basalt	537	644	340
Gray clay	644	650	
Brn clay	650	660	

Date started 10-31-01 Completed 11-8-01

(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.
Signed Mel Bigby WWC Number 1492 Date 11/8/01

(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.
Signed [Signature] WWC Number 573 Date 11/08/01