

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 20619
 START CARD # 165719

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

(1) LAND OWNER GABRIEL BARBER Well Number _____
 Name GABRIEL BARBER
 Address 57625 NW WILSON RIVER HWY
 City Gales Creek State OR Zip 97117

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	BENTONITE	0	19	600 LBS
6	19	242				

How was seal placed: Method A B C D E
 Other 3/8 BENTONITE POURED DRY-HYDRATED
 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:	6"	+1	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4'	4	242	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

Perforations Method CIRCULAR SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
235	242	1/8x5	54			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
1/2+		240	1 hr. 1.5 HR

Temperature of water 55° 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 2-N N or S Range 5-W E or W WM.
 Section 73 NW 1/4 5E 1/4
 Tax Lot 101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
5' ft. below land surface. Date 24 NOV
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 100'

From	To	Estimated Flow Rate	SWL
50	100	1/2 to 1/3	5

(12) WELL LOG:
 Ground Elevation APPROX 490

Material	From	To	SWL
SANDY SILT BROWN	0	3	
11 - with MED TO LRG BOULDERS	3	8	
MARINE ROCK BLUE-W-	8		
CRYSTALS HARD		82	5'
CLAYSTONE GREY BROWN	82		
VERY STICKY		150	
MARINE ROCK BLUE-BLK.	150		
W- CRYSTALS		242	

RECEIVED

DEC 01 2004

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 18 NOV 04 Completed 24 NOV 04

(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 JON LEW WWC Number 1538
 Date 29-NOV-04

(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 602
 Date 29 NOV 04