## **WASH 63802**

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

WELL LABEL # L	33753	
START CARD #	168790	

(1) LAND	OWNE	ER.	0	wner Well	I.D.	3		(9) LOCATION OF WELL (legal description)			
First Name Last Name								County WASHINGT Twp 3 S N/S Rangel W E/W WM			
Company Man	ke Lumbe	er Co.	L	ast Ivallie _				Sec 7 NW 1/4 of the NE 1/4 Tax Lot 3S17-00301			
Address 1717								Tax Map Number Lot			
City Tacoma State WA Zip 98422					Zip	98422		Lat °0 ' "or DMS or DD			
		DV [	Now Wall	Door	aning [	Conve	reion	Long ° 0 " or DMS or DD			
(2) TYPE OF WORK New Well Deepening Conversion						Conve	151011	Street address of well Nearest address			
Alteration (repair/recondition) Abandonment								6 of a mile w. on Parrett Mt. Rd. from Ladd Hill Rd.on right			
(3) DRILL METHOD								to of a finite w. off raffect Mt. Rd. from Eadd 11th Rd.off right			
Rotary Air Rotary Mud Cable Auger Cable Mud						ble Mud		(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)			
Reverse Rotary X Other Pump Hoist								Date SWL(psi) + SWL(ft)  Existing Well / Predeepening			
(4) PROPOSED USE Domestic Irrigation Community						mmunity		Completed Well 09-27-2005 354			
Industrial/ Commericial Livestock Dewatering								Flowing Artesian?			
Thermal Injection Other							_	WATER BEARING ZONES Depth water was first found			
(5) BORE	HOLE	CONS	TRUCT	ON Spe	cial Stand	lard A	ttach copy				
Depth of Co					- Jun Dunie		сору	SWL Date From To Est Flow SWL(psi) + SWL(ft)			
	HOLE	_			EAL		sacks/				
Dia Fr	om T	`o	Materia	<u> </u>	From	To A	mt lbs				
		-									
								(11) WELL LOG Ground Elevation			
How was seal	placed:	Met	hod A	\ <u>В</u>	С	D [	E	Material From To			
Other											
Backfill placed			ft. to	ft. M:	aterial			No Drilling Involved			
Filter pack from	m	_ ft. to	fi	. Material		Size _		The 4" liner was removed at the customers request.			
Explosives use	d: Yes	s Typ	e	Amo	ount			After the liner was removed there was a bridge in the			
(6) CASIN	G/LINI	ER						hole at 405'.			
(6) CASIN Casing Lin	ner Di	ia +	From	To C	Gauge St	l Plstc V	Vld Thrd				
						Q		Customer requested no further work as of 3-14-06.			
						$\mathcal{A}$	$\dashv \vdash$				
						$\prec \succ$ I	$\dashv$ $\dashv$	CONT. CALLED TO SERVICE AND ADDRESS OF THE PARTY OF THE P			
$\sim$	$\dashv$	┨╏			─   }	<del>3 M</del> I	$\dashv$ $\dashv$	*** Refer to original well log for items (5),(7),(8)			
Shoe	Inside [	Outs	ide Otl	ner Loc	ation of sl	10e(s)		and (10) No changes were made***			
Temp casing	<del>,</del> —,	_			ation of Si			APR 1 7 2006			
		Dia		From		To					
(7) PERFO			Method	1				- WATER RESOURCES DEF			
		Screens	_		Mate	rial		SALEM, OREGON			
Perf/ Casing			1, pc	C			Tele/				
Screen Liner	y Screen Dia	Fro	n To	Scrn/slo width	t Slot length	# of slots	pipe size	Date Started 09-14-2005 Completed 03-14-2006			
		L			L			(unbonded) Water Well Constructor Certification			
								I certify that the work I performed on the construction, deepening, alteration, or			
							$\vdash$	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.			
(0) XVET T	TEGTE	. N#?*		41	1 1			License Number 1578 Date 04-13-2006			
(8) WELL				_	_	ا مستسم		Password: (if filing electronically)			
Pump Bailer Air Flowing Artesian						-		Signed Signed			
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)						uration (hi	0	(bonded) Water Well Constructor Certification			
							$\neg$	l 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			
Water quality concerns? Yes (describe below)						-		construction standards. This report is true to the best of my knowledge and belief.			
From To Description Amount Units						Amount	Units	License Number 673 Date 04-13-720061			
								Password : (if filing electronically)			
					+			Signed			
								Contact Info (optional)			