

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 83601
START CARD # 173132

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

(1) LAND OWNER Well Number M 1
Name MEAD MOUNTAIN RANCH
Address PO Box 490
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 175 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	75	port cement	0	75	4700 lb
6	75	180				

How was seal placed: Method A B C D E
 Other Cement pumped
Backfill placed from 175 ft. to 180 ft. Material CAVING
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	79	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	3'	180	SDR 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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	180	1/8 x 5	200			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
120*		180	1 1/2 hr.
60*		120	2
60+		80	1

Temperature of water 55° Depth Artesian Flow Found 4hr
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 WASH Latitude _____ Longitude _____
Township 3N North Range 4W West W.M.
Section 35 SE 1/4 NW 1/4
Tax Lot 5005 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 25360 Phil Rd
BANKS OR 97106

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

(11) WATER BEARING ZONES:
Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	60	2	37
100	160	8.5	54
160	180	120*	54

(12) WELL LOG:
Ground Elevation 1000 Approx

Material	From	To	SWL
Top Soil BROWN	0	2	
Clay Red BROWN	2	27	
Sandstone SOFT TAN	27	70	37
Sandstone TAN Firmer	70		
Fractured CAVING		150	54
Siltstone Blue Firm	150		
Fractured CAVING		180	54

RECEIVED

APR 18 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date started 28 MAR 06 Completed 5 April 2006

(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 [Signature] WWC Number 1538
Date 10 APRIL 06

(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 10 APRIL 06