

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

WELL LABEL # L 100342
 START CARD # 205050

(1) LAND OWNER Owner Well I.D. _____
 First Name MS ELSIE Last Name FRASER
 Company _____
 Address PO BOX 476
 City WOODLAND HILLS State CA Zip 91365-0476

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

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

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 740 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
14.75	0	460	Cement	0	460	200	S
9.75	460	740					

How was seal placed: Method A B 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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.75	<input checked="" type="checkbox"/>	2	460	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf/S	Casing/	Screen	Dia	From	To	Scrm/slot	Slot	# of	Tele/
screen	liner					width	length	slots	pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		500	1
270		600	5 HR
320		725	

Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County WASHING Twp 1 N N/S Range 4 W E/W WM
 Sec 11 NW 1/4 of the NW 1/4 Tax Lot 500
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Intersection of Clapshaw & Kansas City Roads

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	12-17-2009		28

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 536

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-02-2009	536	561	70		28
12-14-2009	670	690	180		28
12-15-2009	722	727	70		28

(11) WELL LOG Ground Elevation _____

Material	From	To
BROWN CLAY	0	12
GRAY CLAY	12	38
BROWN CLAY W/DECOMP BASALT FRAG	38	50
STICKY BROWN CLAY	50	56
STICKY GRAY BROWN CLAY	56	75
GRAY/ GRAY BROWN CLAY SOME GRAVEL	75	115
BROWN CLAYSTONE	115	186
DECOMP BROWN BASALT	186	340
FIRM GRAY BROWN BASALT OCC DECOMP	340	440
FIRM GRAY BROWN BASALT	440	472
BROKEN GRAY BROWN BASALT	472	477
FIRM GRAY BROWN BASALT	477	482
HARD GRAY BASALT	482	536
FIRM GRAY BLACK BASALT	536	561
HARD GRAY BASALT	561	670
HARD GRAY BLACK BASALT	670	722
BROKEN GRAY BLACK BASALT	722	727
WOOD W/ SOFT DARK GRAY CLAY	727	750
WELL COMPLETED TO 740 FT.		

Date Started 10-19-2009 Completed 12-16-2009

(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 information reported above are true to the best of my knowledge and belief.
 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. 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 573 Date 12-18-2009
 Password : (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____

