WHEE 50052

WELL I.D. 603580

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

(START CARD) # 91734

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

(1) OWNER: Well Number 12-7-96 for driller

Name Jim EPLEY

Address 21348 WINLOCK LANE

City FOSSIL State OR Zip 97830

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 104 ft.

Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18	BENTONITE	0	18	11
6"	18	104				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] Other POURED DRY

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"	+2	18	SCH 40	[X]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	5"	0	104	SCH 40	[ ]	[X]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[X] Perforations Method SAW

[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
84	104	3"	30	48		[ ]	[X]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	0'		1 hr.

Temperature of water 51° 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 WHEELER Latitude _____ Longitude _____

Township 8S N or S Range 24E E or W. WM.

Section 33 SW 1/4 SW 1/4

Tax Lot 4 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 21348 WINLOCK LANE FOSSIL OR 97830

(10) STATIC WATER LEVEL:

80' ft. below land surface. Date 12-29-96

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
80'	104	10	80'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL	0	2	
YELLOW CLAY STONE	2	20	
RED CLAY STONE	20	31	
BLACK BASALT	31	53	
YELLOW CLAY STONE	53	104	80'

RECEIVED
JAN 17 1997
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-28-96 Completed 12-29-96

(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.

WWC Number 1495

Signed [signature] Date 1-2-97

(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.

WWC Number 1495

Signed [signature] Date 1-2-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER