

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

WELL I.D.# 2013006

(START CARD) # 92474
11115 Sp. S+D.

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

(1) OWNER:

Well Number 3

Name CIRCLE BAR RANCH
Address 31946 W. BRANCH RD
City MITCHELL State OR Zip 97750

(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 22 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18	Cement	8	10	1 SACK
8	18	24	Bent	0	8	9 SACKS

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Cement Pumped / Bent 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	+3	24	250	☒	☐	☒	☐
Liner: -0-				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method FACTORY
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
10	22	1/8	50	6"		☒	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min 79pm Drawdown 12 ft Drill stem at -0- Time 1 hr.
Pump set at _____

Temperature of water 56 Depth Artesian Flow Found -0-
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 12 S N or S Range 20 E E or W. WM.
Section 3 S.E. 1/4 S.E. 1/4
Tax Lot 702 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME AS Log

(10) STATIC WATER LEVEL:

8' ft. below land surface. Date 11-12-97
Artesian pressure -0- lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 10 ft

From	To	Estimated Flow Rate	SWL
10	14	79pm	8

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	3	
SOFT CLAY	3	10	8
GRAVEL w/B	10	14	"
BROWN CLAY	14	19	"
BLACK SHALE	19	22	"

RECEIVED
FEB - 4 1998
WATER RESOURCES DEPT. NOV 26 1997
SALEM, OREGON
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11-11-97 Completed 11-12-97

(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 _____
Signed _____ Date _____

(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 1677
Signed Daniel R. Davis Date 11-12-97