

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

WELL I.D. # L 73225
 START CARD # 145847

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

(1) LAND OWNER Well Number _____
 Name CITY OF FOSSIL
 Address PO BOX 467 401 MAIN ST
 City FOSSIL State OR Zip 97830

(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 614 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From	To	Material	From	To
<u>12</u>	<u>0</u>	<u>398</u>	<u>CEMENT</u>	<u>0</u>	<u>398</u>
<u>8</u>	<u>398</u>	<u>614</u>			<u>140</u>

How was seal placed: Method A B C D E
 Other PRESSURE PUMPED BOTTOM UP

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
<u>8</u>	<u>12</u>	<u>398</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

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
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>250</u>	<u>100%</u>	<u>600</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

Temperature of water 57 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 6 S N or S Range 21 E E or W. WM.
 Section 23 NE 1/4 SW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) INTERSECTION OF 3RD + CHASE ST.

(10) STATIC WATER LEVEL:
250 ft. below land surface. Date 2-5-05
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 222

From	To	Estimated Flow Rate	SWL
<u>222</u>	<u>227</u>	<u>3 gpm</u>	
<u>430</u>	<u>525</u>	<u>250</u>	<u>250</u>

RECEIVED
 MAY 02 2005

(12) WELL LOG: Ground Elevation 2100 **WATER RESOURCES DEPT SALEM, OREGON**

Material	From	To	SWL
<u>SOIL</u>	<u>0</u>	<u>4</u>	
<u>CLAYSTONE TAN</u>	<u>4</u>	<u>31</u>	
<u>CLAYSTONE BROWN</u>	<u>31</u>	<u>65</u>	
<u>GREY BASALT</u>	<u>65</u>	<u>222</u>	
<u>GREY BASALT. BROKEN.</u>			
<u>TAN CLAY (W3)</u>	<u>222</u>	<u>227</u>	
<u>GREY BASALT</u>	<u>227</u>	<u>346</u>	
<u>RED + BROWN CLAYSON</u>	<u>346</u>	<u>372</u>	
<u>TAN CLAYSTONE</u>	<u>372</u>	<u>378</u>	
<u>BROWN, BLUE + GRAY CLAYSTONE</u>	<u>378</u>	<u>430</u>	
<u>BLUE + GREY ROCK BROKEN, TAN + GREY CLAY (W3)</u>	<u>430</u>	<u>525</u>	<u>250</u>
<u>GREY BASALT</u>	<u>525</u>	<u>614</u>	

Date started 11-04-04 Completed 2-5-05

(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 1782
 Signed Jo White Date 2-7-05