

Whee 50342

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

WHEE 50342

WELL LABEL # L 73 937

START CARD # 177296

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

(1) LAND OWNER Owner Well I.D.
 First Name KINZUA HILL Name GOLF Course
 Company _____
 Address PO Box 22
 City Koesli State Or Zip 97830

(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 ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
 Depth of Completed Well 484 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
12"	0	66	Concrete	0	66	35	Scks
10"	66	109	Concrete	100	109	5	Scks
8"	109	484					

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

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓	8"	+	2	109	250	✓		✓	
✓	6"	-	44	484	188	✓		✓	

Shoe ☐ Inside ☐ Outside ☒ Other Location of shoe(s) 109
 Temporary casing ☒ Yes Diameter 12 From 0 To 20'

(7) PERFORATIONS/SCREENS
 Perforations Method Factory Cuts
 Screens Type _____ Material _____

Perf	Scrn	Csg/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓		✓		424	484	1/4	4	525	

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
 Yield gal/min 120 Drawdown 480 Drill stem/Pump depth 480 Duration (hr) 2 hrs

Temperature 57 °F Lab analysis ☐ Yes By _____
 Water quality concerns? ☐ Yes (describe below)

From	To	Description	Analysis
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(9) LOCATION OF WELL (legal description)
 County Wheeler Twp 6 N or S Range 22 E or W W.M.
 Sec 27 SE 1/4 of the NW 1/4 Tax Lot 6600
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 21467
Black Butte Rd

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>484</u> <u>6-12-06</u>			<u>55</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 450

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-12-06</u>	<u>450</u>	<u>473</u>	<u>120</u>			<u>55</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>tan clay</u>	<u>0</u>	<u>8</u>
<u>Broken Basalt tan clay</u>	<u>8</u>	<u>15</u>
<u>Broken Basalt Med Hard</u>	<u>15</u>	<u>61</u>
<u>gray Basalt Hard</u>	<u>61</u>	<u>450</u>
<u>gray Fractured Basalt</u>	<u>450</u>	<u>473</u>
<u>gray Hard Basalt</u>	<u>473</u>	<u>484</u>

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OCT 22 2007

**WATER RESOURCES DEPT
 SALEM OREGON**

Date Started 5-19-06 Completed 6-12-06

(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 _____

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 1606 Date 8-23-07

Signed John Marsiel
 Contact Info. (optional) _____

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AUG 27 2007

**WATER RESOURCES DEPT
 SALEM OREGON**