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

08-09-2011

WELL LABEL # L	73225
START CARD #	1014420

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)	
First Name Last Name	County Wheeler Twp 6.00 S N/S Range 21.00 E E/W WM	
Company CITY OF FOSSIL	Sec <u>33</u> <u>NE</u> 1/4 of the <u>SW</u> 1/4 Tax Lot <u>100</u>	
Address PO BOX 467 401 MAIN ST City FOSSIL State OR Zip 97830	Tax Map Number Lot DMS or DD	
- 3,000		
(2) TYPE OF WORK New Well Deepening Conversion Alteration (repair/recondition) Abandonment	Long Or Or DMS or DD Street address of well Nearest address	
(3) DRILL METHOD	3RD & CHASE	
Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other Boom Truck	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)	
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening	
Industrial/ Commericial Livestock Dewatering	Completed Well O8-08-2011	
Thermal Injection Other	WATER BEARING ZONES Depth water was first found	
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy		
Depth of Completed Well ft.		
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs		
Did 110iii 10 Material 110iii 10 Mile 105		
	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B C D E	Material From To	
Other Did Not Disturb		
Backfill placed from ft. to ft. Material		
Filter pack from ft. to ft. Material Size		
Explosives used: Yes Type Amount Amount		
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd		
○ 6 □ 0 650 .188 ○ ○ □		
Shoe Inside Outside Other Location of shoe(s)		
Temp casing Yes Dia From To		
(7) PERFORATIONS/SCREENS		
Perforations Method Machine		
Screens Type Material		
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 08-08-2011 Completed 08-08-2011	
Perf Liner 6 610 650 .125 3 456	(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or	
Perf Liner 6 450 510 .125 3 684	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.	
(O) WELL TESTS. Minimum 4-time time in 1 hours		
(8) WELL TESTS: Minimum testing time is 1 hour Date O8-09-2011		
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed JACK ABBAS (E-filed)	
Tield gallillin Blawdown Birn stellil amp depth Baladon (in)	(bonded) Water Well Constructor Certification	
	I accept responsibility for the construction, deepening, alteration, or abandonment	
Temperature °F Lab analysis Yes By	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	
Temperature of Lab analysis Yes By performed during this time is in compniance with Oregon water supply construction standards. This report is true to the best of my knowledge and bel		
From To Description Amount Units	License Number1720	
	Electronically Filed	
	Signed JACK ABBAS (E-filed) Contact Info (optional)	
	conmertine (optional)	