

YAMH 51790
RECEIVED
 SEP 29 1999

Tax Lot #
 4305-500
 correct.

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)
 WATER RESOURCES DEPT.
 SALEM, OREGON

WELL I.D. # L 37135
 START CARD # 114392

(1) OWNER: Humphreys Roper & Co. Inc. Well Number _____
 Name _____
 Address P.O. Box 160
 City Lafayette State Or. Zip 97127

(9) LOCATION OF WELL by legal description:
 County Gamill Latitude _____ Longitude _____
 Township 9S N or S Range 3W B or W. WM. _____
 Section 8 NE 1/4 NE 1/4
 Tax Lot 4305-500 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 5075 Winters Hill
N.E. Dayton Or. 97127

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(10) STATIC WATER LEVEL:
180 ft. below land surface. Date 9/20/99
 Artesian pressure _____ lb. per square inch. Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 141

(5) BOREHOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 220
 Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
141	143	8	122
197	198	14	122

HOLE		SEAL		SIZES or pounds	
Diameter	From To	Material	From To		
11"	0 58	Cement	48 58	4	(C)
11"	0 58	Bentonite	0 48	18	
6"	58 220				

How was seal placed: Method A B C D E
 Other Bentonite (Poured Slurry)
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(12) WELL LOG:
 Ground Elevation Approx. 500'

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	1	58	1.75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	3	220	1.60	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	18	
Brown Red Clay	18	41	
Red decomposed clay w/ yellow streaks	41	50	
Coarse Grained Gray Basalt w/ streaks of imbedded Red Clay	50	208	
Coarse Grained Gray + Green Basalt Fractured	208	220	

Final location of shoe(s) _____
 (7) PERFORATIONS/SCREENS:
 Perforations Method Electric Drill
 Screens Type _____ Material _____

From	To	Slot size	Number	Thickness	Tube type	Casing	Liner
180	220		150	3/16"	Cresker	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Date started Sept. 16 99 Completed Sept. 20 99
 (bonded) Water Well Constructor Certification:

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Boiler Air Flowing Artesian

Yield gpm	Drawdown	Drill stem at	Time
22	11' Lift	220	10

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.
 Signed Not App! WWC Number _____ Date _____

Temperature of water 53° 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: _____

(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.
 Signed Randall L. Wells WWC Number 795 Date Sept 20 99