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MAR 23 2001

STATE OF OREGON

WATER SUPPLY WELL

(As regulated by ORS 531.245)

WATER RESOURCES DEPT
SALEM, OREGON

Hand
52413

WELL I.D. # 1. 45 231

START CARD # 136 798

(1) OWNER:

Name Humphreys Recreational Inc. Well Number _____
Address 5075 Winter Hill Rd. N.E.
City Dufur State Or Zip 97114

(2) TYPE OF WORK

New Well Deepening Alteration (repair/re-entree) 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 220'
Explosives used Yes No Type _____ Amount _____

HOLE				NKAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10 1/2"	0	63	Bentonite	0	48	22	
10 1/2"	0	63	Cement	48	63	5 @	
6"	65	220					

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

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded	Material
	6"	0	63	25'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liner	4"	0	220/160		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of abort(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Electric Drill
 Screens Type _____ Material _____

From	To	Slot size	Number	Discharge	Telephone size	Casing	Liner
150	220		200	3/8" Gravel		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Field pump	Diaphragm	Air	Flowing Artesian	Time
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25	Air lift	220		2 hrs
22	12"	220		4 hrs

Temperature of water 54° Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Oily Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Hamilton Latitude _____ Longitude _____
Township 45 N or S Range 3W B or W. WM.
Section 05 SE 1/4 NE 1/4
The Lot 4305 or 2000 Block _____ Subdivision _____
Street Address of Well (or nearest address) 5075 Winter Hill
Dufur Or 97114

(10) STATIC WATER LEVEL:

145 ft. below land surface. Date 3/1/2001
Artesian pressure _____ in. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 175'

From	To	Estimated Flow Rate	SWL
175'	220'	25	

(12) WELL LOG:

Ground Elevation Approx. 700'

Material	From	To	SWL
Topsoil	0	3	
Brown + yellow clay	3	26	
Brown + Gray decomposed clay	26	51	
Coarse Grained Gray Basalt	51	88	
Coarse Grained Gray + Brown Basalt w/ clay	88	220	
Base Impediment			

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Date started 2/26/2001 Completed 2/28/2001
(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.

Signed Not Appl. WWC Number _____ 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.

Signed Randall L. Wilcox WWC Number 795 Date 3/1/2001