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JUL 31 1998

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 26906

START CARD # 106754

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

(1) OWNER: Well Number _____
Name Rusty Cline
Address 163 Cline Ranch Lane
City Glendale State Oregon Zip 97442

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

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 10 | 0 | 18 | Bentonite | 0 | 18 | 7 |
| 6 | 18 | 100 | | | | |

How was seal placed: Method A B C D E
 Other Dry Poured
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 |
|-----------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 6 | +2 | 58 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) 58

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------|----------------|--------------------------|--------------------------|
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 12 Drawdown _____ Drill stem at 95 Time 1 hr.
Temperature of water 54 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 Douglas Latitude _____ Longitude _____
Township 32 N or S Range 5 E or W. WM.
Section 19 NE 1/4 SE 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 163 Cline Ranch Lane

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 7/28/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 60

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 60 | 75 | 6 | 28 |
| 80 | 95 | 6 | 28 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|--------------------------------------|------|-----|-----|
| Brown Clay Small-Gravel Consolidated | 0 | 60 | |
| Gray Clay Small-Medium Gravel Sandy | 60 | 100 | |

Date started 7/28/98 Completed 7/28/98
(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 Michael Pierce WWC Number 1251 Date 7/28/98

(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 Michael Pierce WWC Number 1251 Date 7/28/98