

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

WELL I.D. # L 73939  
 START CARD # 177300

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

(1) LAND OWNER Name Dia Ter Stargard Well Number \_\_\_\_\_  
 Address 2345 NW Markon Place  
 City Bend State Or Zip 97701

(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 143 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL		
Diameter	From	To	Material	From	To
10"	0	35	Asmt	0	35
6"	35	143			

How was seal placed: Method  A  B  C  D  E  
 Other Peared

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" 0 18 38.5 25c      
 Liner: 5" 0 23 143 15c

(7) PERFORATIONS/SCREENS:  
 Perforations Method Factory Cuts  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
43	63	1/4x4	125	5"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
83	103	1/4x4	175	5"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing  
 Artesian  
 Yield gal/min 21 Drawdown - Drill stem at 140 Time 1 hr.

Temperature of water 64 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  No  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  No  Too little  
 Muddy  Odor  Colored  Other \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County Wheeler Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 8 N or S Range 24 E or W WM  
 Section 13 NE 1/4 NW 1/4  
 Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Windlock Rd  
4 miles East of Spray Or

(10) STATIC WATER LEVEL:  
38 ft. below land surface Date 6-21-06  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 53

From	To	Estimated Flow Rate	SWL
53	100	21	38

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
clay tan med soft	0	8	
TAN clay HARD	8	28	
gray clay Stone	28	53	
gray clay Stone	53	100	38
Fractured w/ some gravel			
Water Bearing			
gray clay Stone HARD	100	143	

Date started 6-20-06 Completed 6-21-06

(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 \_\_\_\_\_ 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 John Marciel WWC Number 1606 Date 6-22-06