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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

DEC 19 2014

WELL LABEL # L 115912
START CARD # 211204

SALEM, OR

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

(1) LAND OWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company _____

Address _____

City _____

State ORZip 97206

(2) TYPE OF WORK

☒ New Well☐ Deepening☐ Conversion☐ Alteration (repair/recondition)☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air☐ Rotary Mud☐ Cable☐ Auger☐ Cable Mud☐ Reverse Rotary☐ Other _____

(4) PROPOSED USE

☐ Domestic☒ Irrigation☐ Community☐ Industrial/Commercial☐ Livestock☐ Dewatering☐ Injection☐ Thermal☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard: ☐ Yes (attach copy)Depth of Completed Well 600 ft.

BORE HOLE

SEAL

Dia	From	To	Material	From	To	Amount	Seals/lbs
18"	0	60	Cement	0	60	15	15cm
18"	60	260	Bent	50	0	96	96"
18"	260	600					

How was seal placed:

Method

☐ A☐ B☒ C☐ D☐ E☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		18"	+	0	59	1250	X			
	X	12"	-	20	260	1250	Y		Y	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens

Type _____

Material _____

Perf	Screen	Casing	Liner	Screen	From	To	Screen/	Slot	# of	Total
				Dia			slot	length	slots	pipe
							width			size

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

☐ Pump☐ Bailor☒ Air☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
7000+		600	hr 2

Temperature 53 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units
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(9) LOCATION OF WELL (legal description)

County Lake Twp 26 N or S Range 18 E or W W.M.Sec 26 1/4 of the SW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DU

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 57764 F5516Lake Ave Christiana Falls rd 97641

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Deepening				
Completed Well	11-15-14			28"

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

Depth water was first found 60'

SWL Date	From	To	Rel Flow	SWL (psi)	+	SWL (ft)
11-10-14	60	15	50+			28"
11-10-14	160	180	800+			28"
11-10-14	450	600	2000+			28"

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown clay	0	2
Gray clay	2	140
Black sand	140	255
Gray clay	255	340
Gray clay	340	395
Brown clay	395	430
Black lamp rock	430	510
Pumice	510	540
Black clay	540	600

Date Started 11-12-14 Completed 11-13-14

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 16541 Date 11-19-14

Signed _____

Contact info. (optional) _____