MEMO

To: Kristopher Byrd, Well Construction and Compliance Section Manager

From: Joel Jeffery, Well Construction Program Coordinator

Subject: Review of Water Right Application G-18895

Date: March 3, 2020

The attached application was forwarded to the Well Construction and Compliance Section by Water Rights. Phil Marcy reviewed the application. Please see Phil's review and the Well Log.

Applicant's Well #1 (UNIO 50684): Based on a review of the Well Report, Applicant's Well #1 seems to protect the groundwater resource.

The construction of Applicant's Well #1 may not satisfy hydraulic connection issues.

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UNIO 50684

#1 of 19

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 40696
START CARD # 114141

(1) OWNER: Well Number ______
Name GREG BINGAMAN
Address 64088 MC DONALD LANE
City LAGRANDE State OR Zip 97850

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

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other AIR REVERSE

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 3138 ft.
Explosives used ☐ Yes ☒ No Type ______ Amount ______

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
23"	0	430	cement	0	197	225 SK
19"	430	1872	Cement	1772	1872	150 SK

How was seal placed: Method ☒ A ☐ B ☒ C ☐ D ☐ E
☐ Other ______
Backfill placed from ______ ft. to ______ ft. Material 54405
Gravel placed from 197 ft. to 1772 ft. Size of gravel 3/8

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	18"	+2	8	375	☒	☐	☒	☐
	16"	8	430	375	☒	☐	☒	☐
	14"	430	1872	375	☒	☐	☒	☐
					☐	☐	☐	☐
Liner:	10.750	1772	2472	.250	☒	☐	☒	☐
	8 5/8	2417	3138	.250	☒	☐	☒	☐

Final location of shoe(s) NO

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Factory
☐ Screens Type ______ Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
1772	1952	.250	7200	10.750	.250	☒	☒
2352	2472	.250	2400	10.750	.250	☒	☒
2417	2457	3/16	640	8 5/8	.250	☒	☒
2587	2687	3/16	1600	8 5/8	.250	☒	☒
2697	2767	3/16	1120	8 5/8	.250	☒	☒

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air PUMP ☒ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1700	36'	10.250 - 180'	7 hrs
GPM 350	ARTESIAN		

Temperature of water 101.1 Depth Artesian Flow Found 1916
Was a water analysis done? NO ☐ ~~Yes By whom~~ ______
Did any strata contain water not suitable for intended use? NO ☐ ~~Too little~~
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ______
Depth of strata: ARTESIAN 12 POUNDS

(9) LOCATION OF WELL by legal description:
County UNION Latitude ______ Longitude ______
Township 2S ~~N or~~ S Range 38 E E ~~or W.~~ WM.
Section 12 SE 1/4 SW 1/4
Tax Lot 2301 Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) 64088 McDONALD LANE

(10) STATIC WATER LEVEL:
Flowing ft. below land surface. Date 7-30-98
Artesian pressure 12 lb. per square inch. Date 3-6-2000

(11) WATER BEARING ZONES:
Depth at which water was first found 153

From	To	Estimated Flow Rate	SWL
154	171	100	22
325	334		
436	439		
542	544		
768	774		

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
TOPSOIL	0	1	
Sandy Clay TAN	1	108	22
clay green SOFT	108	112	
clay gray SOFT	112	137	
clay green & sand	137	141	
clay gray	141	142	
clay gray & sand coarse 1/32-1/2	142	147	
clay gray & sand some cement	147	153	
sandstone & sand coarse 1/4	153	154	
gravel 1/4-1" & sand	154	171	Water
clay gray SOFT	171	182	
clay Brown & gray	182	188	
Sand & sandstone green & clay	188	202	
sandstone Black	202	205	
clay gray & green SOFT sand	205	209	
claystone gray	209	214	
clay Brown & sand coarse	214	219	
clay TAN - SOFT	219	223	
clay & sand - green	223	237	
clay TAN-SOFT	237	241	

Date started 6-29-1998 Completed 3-6-2000

(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.
WWC Number ______
Signed ______ 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.
WWC Number 1299
Signed Wallo Lowe Date 3-20-2000

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WATER RESOURCES DEPT.
SALEM, OREGON

#2 of 19

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 40696
START CARD # 114141

(1) OWNER: Well Number ____
Name ____
Address ____
City ____ State ____ Zip ____

(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 ____ ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE			SEAL			
Diameter	From	2472	Material	From	To	Sacks or pounds
12¼	1872	2472				
9⅞	2472	3138				

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☑	☐	☑	☐
					☑	☐	☑	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) NO

(7) PERFORATIONS/SCREENS:
☑ Perforations Method ____
☐ Screens Type 33B Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
2817	3138	5/16	5120	8 3/8	.830	☑	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ____ 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 ____ Latitude ____ Longitude ____
Township ____ N or S Range ____ E or W. WM.
Section ____ ____ 1/4 ____ 1/4
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:
____ ft. below land surface. Date ____
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found ____

From	To	Estimated Flow Rate	SWL
797	800		
862	867		
1001	1003		
1056	1058		
1062	1067		

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
clay green + gray DRY	241	254	
clay gray SOFT	254	265	
clay green SOFT	265	320	
clay gray + green some DRY	320	325	
sandstone + clay - green	325	334	Water
clay green + gray - HARD	334	406	
gravel + sand + clay gray	406	410	
clay gray	410	436	
gravel sand + sand coarse	436	439	water
clay green SOFT	439	463	
claystone + clay green HARD	463	481	
clay gray SOFT	481	487	
clay + sand green SOFT	487	528	
clay Brown SOFT	528	542	
sand green FINE	542	544	water
clay graygreen SOFT	544	576	
clay green sandy SOFT	576	615	
Rock	615	616	
clay gray + green SOFT	616	712	
clay Brown + sandy SOFT	712	725	

Date started ____ Completed ____

(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.

WWC Number ____
Signed ____ 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.

WWC Number 1399
Signed Wally Lowe Date ____

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WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 40696
START CARD # 114141

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

(1) OWNER: Well Number ____
Name ____
Address ____
City ____ State ____ Zip ____

(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 ____ ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ____ 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 ____ Latitude ____ Longitude ____
Township ____ N or S Range ____ E or W. WM.
Section ____ ____ 1/4 ____ 1/4
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:
____ ft. below land surface. Date ____
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found ____

From	To	Estimated Flow Rate	SWL
1091	1093		
1222	1226		
1477	1479		
1540	1542		
1620	1623		

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
clay Brown & Red SOFT	725	729	
clay TAN SOFT & Dry	729	731	
clay tan & gravel 1/8-1"	731	732	
clay green SOFT	732	739	
gravel & clay green	739	740	
clay Brown SOFT	740	768	
sand & gravel & clay green	768	774	water
clay green SOFT	774	797	
gravel 1/8-1"	797	800	water
clay Brown SOFT	800	827	
clay TAN SOFT	827	832	
clay gray & green SOFT	832	849	
clay green Hard & Dry	849	862	
sand coarse & gravel 1/8-1"	862	867	water
clay green & gray SOFT	867	898	
clay tan & shale hard	898	900	
clay gray & sandstone	900	918	
sandy clay - green	918	923	
clay gray & Brown Hard - Dry	923	969	
sand & clay green & gravel small	969	971	

Date started ____ Completed ____

(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.

WWC Number ____
Signed ____ 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.

WWC Number ____
Signed Waldo Fowe Date ____

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WATER RESOURCES DEPT.
SALEM, OREGON

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

Instructions for completing this report are on the last page

WELL I.D. # L 40696
START CARD # 114141

(1) OWNER: Well Number ______
Name ______
Address ______
City ______ State ______ Zip ______

(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______
Township ______ N or S Range ______ E or W. WM.
Section ______ ______ 1/4 ______ 1/4
Tax Lot ______ Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:
______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

(11) WATER BEARING ZONES:

Depth at which water was first found ______

From	To	Estimated Flow Rate	SWL
1915	1918	Flowing 350 gpm	Flowing
2412	2417	25 gpm	
2722	2730		
2839	2845	350 gpm	

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
clay green SOFT	971	973	
gravel + sand + clay - green	973	974	
clay green	974	983	
Sand + clay green	983	985	
clay green SOFT	983	1001	
Sand coarse	1001	1003	Water
clay green SOFT	1003	1006	
Sand coarse	1006	1008	
clay green	1008	1022	
clay green + gravel 3/8-1/2	1022	1024	
clay green SOFT	1024	1032	
sand coarse	1032	1034	
clay green SOFT	1034	1048	
clay + sand Fine + green	1048	1056	
gravel 1/8 - 3/4	1056	1058	Water
clay green SOFT + Wood	1058	1062	
gravel 1/8 - 1 1/2	1062	1067	Water
clay green	1067	1079	
Sand coarse	1079	1081	
clay gray - green	1081	1091	

Date started ______ Completed ______

(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.

WWC Number ______
Signed ______ 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.

WWC Number ______
Signed Waldo Lowe Date ______

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WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L40696
START CARD # 114141

(1) OWNER: Well Number ______
Name ______
Address ______
City ______ State ______ Zip ______

(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______
Township ______ N or S Range ______ E or W. WM.
Section ______ ______ 1/4 ______ 1/4
Tax Lot ______ Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:
______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
Sand course	1091	1093	Water
clay green Hard	1093	1118	
clay Brown Hard	1118	1126	
sand course green	1126	1131	
clay green	1131	1146	
clay gray Hard	1146	1149	
clay Brown + claystone Hard	1149	1152	
clay light + green Hard	1152	1198	
clay tan SOFT + sand course [illegible]	1198	1222	
Sand course green	1222	1226	Water
clay gray SOFT	1226	1229	
clay tan SOFT	1229	1245	
clay stone green	1245	1254	
clay gray + green + claystone	1254	1258	
clay Brown's red SOFT + Hard	1258	1261	
clay green SOFT	1261	1273	
clay gray SOFT	1273	1292	
sand course green	1292	1293	
clay green	1293	1295	
clay Black Hard	1295	1298	

Date started ______ Completed ______

(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.
WWC Number ______
Signed ______ 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.
WWC Number ______
Signed [illegible] Date ______

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#6 of 19

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

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

WELL I.D. # L 40696
START CARD # 114141

(1) OWNER:
Well Number ______
Name ______
Address ______
City ______ State ______ Zip ______

(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______
Township ______ N or S Range ______ E or W. WM.
Section ______ ______ 1/4 ______ 1/4
Tax Lot ______ Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:
______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
clay gray SOFT	1298	1323	
sand coarse	1323	1325	
clay green & claystone	1325	1343	
sand FINE & clay green	1343	1345	
clay green Hard	1345	1375	
sand coarse	1375	1378	
clay green & claystone	1378	1392	
clay gray SOFT	1392	1393	
clay Brown SOFT	1393	1403	
clay green sand & clay Red	1403	1405	
clay green SOFT	1405	1416	
clay green & sand coarse & SOFT	1416	1421	
sand coarse & gravel small	1421	1423	
clay green SOFT	1423	1439	
clay sandy & SOFT	1439	1441	
sand coarse & clay green	1441	1444	
clay green & Brown SOFT	1444	1447	
clay gray & green Very SOFT	1447	1451	
clay sandy Red SOFT	1451	1453	
clay gray green SOFT	1453	1455	

Date started ______ Completed ______

(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.

WWC Number ______
Signed ______ 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.

WWC Number ______
Signed Waldo Towne Date ______

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SALEM, OREGON

#7 of 19

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

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

WELL I.D. # L 40696

START CARD # 114141

(1) OWNER:
Well Number ____

Name ____

Address ____

City ____ State ____ Zip ____

(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 ____ ft.

Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____

☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ____ 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 ____ Latitude ____ Longitude ____

Township ____ N or S Range ____ E or W. WM.

Section ____ ____ 1/4 ____ 1/4

Tax Lot ____ Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:
____ ft. below land surface. Date ____

Artesian pressure ____ lb. per square inch. Date ____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
clay green SOFT	1455	1461	
clay green & claystone Hard	1461	1463	
clay green & gray SOFT	1463	1476	
clay gray green & sand course	1476	1477	
sand course & gravel 3/8	1477	1479	Water
clay green SOFT	1479	1496	
clay green soft & claystone	1496		
Dark & sand course		1498	
clay gray SOFT	1498	1516	
clay green SOFT & sand course	1516	1518	
clay green SOFT	1518	1540	
sand course	1540	1542	water
clay green SOFT	1542	1547	
clay tan SOFT	1547	1563	
clay green SOFT & sand course	1563	1567	
clay green SOFT	1567	1579	
clay green & shale green Dark	1579	1582	
clay green SOFT sand course	1582	1591	
sand course green	1591	1594	
clay green SOFT	1594	1609	

Date started ____ Completed ____

(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.

WWC Number ____

Signed ____ 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.

WWC Number ____

Signed Waldo Towne Date ____

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#8 of 19

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 40696
START CARD # 114141

(1) OWNER: Well Number ______
Name ______
Address ______
City ______ State ______ Zip ______

(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______
Township ______ N or S Range ______ E or W. WM.
Section ______ ______ 1/4 ______ 1/4
Tax Lot ______ Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:
______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
clay green + sand course	1609	1620	
sand course + gravel 1/8-3/8	1620	1623	water
clay green SOFT	1623	1627	
sand course green + clay green	1627	1629	
sand course + gravel 1/8-3/8	1629	1632	
clay + sand green	1632	1636	
sand course green	1636	1638	
clay + shale - green Dark	1638	1647	
clay gray + Black SOFT	1647	1649	
clay green SOFT	1649	1633	
clay gray SOFT	1633	1637	
clay green	1637	1660	
clay + shale - green + gray	1660	1661	
clay green SOFT	1661	1681	
clay green + shale green + Red	1681	1709	
shale green Dark + gravel 3/4	1709	1713	
clay green SOFT + gravel 3/4	1713	1716	
clay green SOFT	1716	1738	
clay green Dark	1738	1740	
sand course	1740	1743	

Date started ______ Completed ______

(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.
WWC Number ______
Signed ______ 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.
WWC Number ______
Signed Walter Lowe Date ______

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SALEM, OREGON

#9 of 19

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

WELL I.D. # L 40696
START CARD # 114141

Instructions for completing this report are on the last page

(1) OWNER: Well Number ____
Name ____
Address ____
City ____ State ____ Zip ____

(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 ____ ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ____ 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 ____ Latitude ____ Longitude ____
Township ____ N or S Range ____ E or W. WM.
Section ____ ____ 1/4 ____ 1/4
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:
____ ft. below land surface. Date ____
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found ____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
clay gray SOFT	1743	1746	
clay Brown SOFT DRY	1746	1751	
clay & shale Block	1751	1766	
clay Brown SOFT	1766	1771	
clay green SOFT	1771	1776	
clay Brown SOFT	1776	1779	
clay green SOFT	1779	1781	
clay Brown SOFT	1781	1784	
clay + shale Brown & green SOFT + HARD	1784	1786	
clay Brown	1786	1787	
clay Brown & green SOFT + Hard	1787	1788	
clay green + SOFT	1788	1791	
clay gray green SOFT	1791	1793	
clay Brown SOFT	1793	1796	
clay gray SOFT	1796	1798	
clay Brown SOFT	1798	1805	
clay gray SOFT + HARD	1805	1808	
	1808		

Date started ____ Completed ____

(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.

WWC Number ____
Signed ____ 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.

WWC Number ____
Signed Waldo Lowe Date ____

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SALEM, OREGON

#10 of 19

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 40696
START CARD # 114141

(1) OWNER: Well Number ______
Name ______
Address ______
City ______ State ______ Zip ______

(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______
Township ______ N or S Range ______ E or W. WM.
Section ______ ______ 1/4 ______ 1/4
Tax Lot ______ Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:
______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

(11) WATER BEARING ZONES:

Depth at which water was first found ______

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
clay gray & Brown &	1808		
Black SOFT & Hard		1810	
clay green SOFT	1810	1811	
clay gray	1811	1815	
clay gray green SOFT	1815	1817	
clay Brown	1817	1820	
clay green brown & claystone	1820	1823	
clay gray SOFT & claystone	1823		
Block		1829	
clay Brown SOFT-Hard	1829	1838	
clay gray Brown SOFT	1838	1842	
clay Brown & gray SOFT	1842	1852	
clay green SOFT	1852	1867	
Basalt Block & clay Blue	1867		
gray		1876	
cinder Block SOFT &	1876		
clay Block		1879	
~~gray~~ clay green SOFT &	1879		
Basalt Block		1889	
clay Red SOFT cinder Block	1889	1892	

Date started ______ Completed ______

(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.

WWC Number ______
Signed ______ 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.

WWC Number ______
Signed Waldo Lowe Date ______

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SALEM, OREGON

#11 of 19

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

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

WELL I.D. # L 40696

START CARD # 114141

(1) OWNER:

Well Number

Name

Address

City State Zip

(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 ft.

Explosives used ☐ Yes ☐ No Type Amount

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water 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 Latitude Longitude

Township N or S Range E or W. WM.

Section 1/4 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:

ft. below land surface. Date

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
clay Brown + cinder Block	1892	1894	
clay Block + " " "	1894	1897	
clay Block gray green +	1897		
Brown SOFT cinder Block		1912	
Basalt Block clay gray SOFT	1912	1914	
clay gray SOFT Basalt Block	1914	1915	[illegible]
Basalt Block + clay + shale green	1915	1918	Flowing
Basalt Block + clay gray SOFT	1918	1920	
clay gray SOFT & Basalt Block	1920	1926	
clay Block SOFT	1926	1929	
clay Block cinder Block	1929	1931	
Basalt Block Vsc. + shale green	1931	1934	
Basalt gray Hard shale green	1934	1937	
Basalt gray + clay gray-green	1937	1942	
clay gray + Basalt Block	1942	1954	
Basalt gray	1954	1960	
Basalt gray clay gray + shale green	1960	1963	
Basalt gray clay gray SOFT	1963	1976	
clay gray green Block SOFT +	1976		
Basalt Block + shale green		1994	

Date started Completed

(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.

WWC Number

Signed 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.

WWC Number 1399

Signed Waldo Lowe Date

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WATER RESOURCES DEPT.
SALEM, OREGON

#12 of 19

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 40696
START CARD # 114141

(1) OWNER:
Well Number ____
Name ____
Address ____
City ____ State ____ Zip ____

(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 ____ ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ____ 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 ____ Latitude ____ Longitude ____
Township ____ N or S Range ____ E or W. WM.
Section ____ ____ 1/4 ____ 1/4
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:
____ ft. below land surface. Date ____
Artesian pressure ____ lb. per square inch. Date ____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Basalt gray + clay gray SOFT	1994	1997	
clay gray SOFT Basalt Black	1997	2002	
Basalt gray clay gray SOFT	2002	2087	
cinder Red + Black + shale green	2087	2091	
Basalt Black + shale green + gray	2091	2104	
Basalt gray + shale green	2104	2109	
Basalt Black + shale green	2109	2118	
Basalt Black ves. + shale green	2118		
+ tan + pink SOFT		2153	
cinder Black " " "	2153	2162	
Basalt Black + shale green	2162	2164	
Basalt Black + gray + shale	2164		
green + pink + gray + clay			
gray SOFT		2218	
Basalt Black + shale Red-Brn	2218	2221	
Basalt Black + shale green clay gr	2221	2270	
clay Red Brown Basalt Black	2270	2274	
Basalt Black + cinder Red	2274	2279	
Basalt gray + clay gray SOFT	2279		
shale green		2304	

Date started ____ Completed ____

(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.

WWC Number ____
Signed ____ 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.

WWC Number ____
Signed Waldo Israel Date ____

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WATER RESOURCES DEPT.
SALEM, OREGON

#13 of 19

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 49896
START CARD # 114141

(1) OWNER:
Well Number ______
Name ______
Address ______
City ______ State ______ Zip ______

(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______
Township ______ N or S Range ______ E or W. WM.
Section ______ ______ 1/4 ______ 1/4
Tax Lot ______ Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:
______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
Basalt gray-Brown + shale green	2304	2329	
Basalt gray shale green	2329	2338	
cinder Red + clay Red SOFT	2338	2341	
clay Brown + cinder Brown	2341	2347	
clay Black + cinder Black	2347	2354	
clay gray SOFT	2354	2356	
clay + shale green	2356	2362	
clay green SOFT + cinder gray	2362	2368	
cinder Black + clay gray SOFT	2368	2371	
shale green Basalt Black	2371	2379	
Basalt gray + shale green	2379	2383	
Basalt Black + shale green	2383	2392	
cinder gray + Red shale green +	2392	[illegible]	
Basalt Black + ash gray Hard		2396	
cinder Brown + shale green	2396	2412	
Basalt Black Ves. cinder Red	2412		Flowing
shale green		2417	25 GPM
Basalt Black shale green + clay gray	2417	2425	
clay gray + Black + Basalt Black	2425	2427	
clay green + gray SOFT	2427	2428	

Date started ______ Completed ______

(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.

WWC Number ______
Signed ______ 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.

WWC Number ______
Signed Waldo Lowe Date ______

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WATER RESOURCES DEPT.
SALEM, OREGON

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

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

WELL I.D. # L 40696

START CARD # 114141

(1) OWNER: Well Number ______

Name ______

Address ______

City ______ State ______ Zip ______

(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 ______ ft.

Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:

☐ Perforations Method ______

☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______

Township ______ N or S Range ______ E or W. WM.

Section ______ ______ 1/4 ______ 1/4

Tax Lot ______ Lot ______ Block ______ Subdivision ______

Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:

______ ft. below land surface. Date ______

Artesian pressure ______ lb. per square inch. Date ______

(11) WATER BEARING ZONES:

Depth at which water was first found ______

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation ______

Material	From	To	SWL
clay TAN SOFT	2428	2451	
clay green + gray + DRY-HArd	2451	2454	
clay green + gray + Basalt Black Vec	2454	2456	
clay TAN SOFT	2456	2457	
shale green + Basalt Black Vec.	2457	2461	
clay tan Brown SOFT	2461	2464	
Basalt Black vec, shale green	2464	2478	
Basalt Black vec. clay gray	2478	2509	
Basalt Black clay tan shale green	2509	2511	
cinder Red + clay Brown + Red shale	2511		
green		2516	
Basalt Blak clay gray green	2516	2575	
Basalt Brown SOFT	2575	2577	
cinder Red shale green gray	2577	2579	
Basalt Brown + shale " "	2579	2581	
Basalt Black + shale green gray +	2581		
quartz		2584	
Basalt Brown + clay gray SOFT	2584	2587	
Basalt Black + clay green HArd	2587	2590	
cinder Brown + Red + shale green	2590	2593	

Date started ______ Completed ______

(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.

WWC Number ______

Signed ______ 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.

WWC Number ______

Signed Waldo Soone Date ______

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#15 of 19

WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 49696
START CARD # 114141

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

(1) OWNER: Well Number ______

Name ______
Address ______
City ______ State ______ Zip ______

(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:

☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______
Township ______ N or S Range ______ E or W. WM.
Section ______ ______ 1/4 ______ 1/4
Tax Lot ______ Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:

______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

(11) WATER BEARING ZONES:

Depth at which water was first found ______

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation ______

Material	From	To	SWL
Basalt Brown shale green	2593	2596	
Basalt Brown shale green quartz	2596		
White & cinder Red clay red		2597	
Basalt Brown SOFT	2597	2600	
Basalt Black shale green - quartz	2600	2603	
Basalt Brown " " " "	2603	2605	
Basalt Black shale green	2605	2612	
Basalt gray's red shale green	2612	2629	
Basalt gray Brown quartz white	2629	2632	
Basalt Red shale green	2632	2637	
Basalt Black quartz white	2637	2645	
Basalt gray shale green + quartz	2645	2652	
Basalt Brown shale green	2652	2657	
Basalt Black ves. shale green	2657	2663	
Basalt gray + Black shale green	2663		
clay gray		2667	
shale green Basalt Black	2667	2683	
Basalt Black ~~shale green~~	2683		
clay gray SOFT		2689	
Shale green Basalt Black	2689	2690	

Date started ______ Completed ______

(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.

WWC Number ______
Signed ______ 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.

WWC Number ______
Signed Waldo Lowe Date ______

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#16 of 19

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

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

WELL I.D. # L 40696

START CARD # 114141

(1) OWNER: Well Number ______

Name ______

Address ______

City ______ State ______ Zip ______

(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 ______ ft.

Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:

☐ Perforations Method ______

☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______

Township ______ N or S Range ______ E or W. WM.

Section ______ ______ 1/4 ______ 1/4

Tax Lot ______ Lot ______ Block ______ Subdivision ______

Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:

______ ft. below land surface. Date ______

Artesian pressure ______ lb. per square inch. Date ______

(11) WATER BEARING ZONES:

Depth at which water was first found ______

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation ______

Material	From	To	SWL
shale gray + Brown Hard &	2690		
clay gray SOFT		2705	
Basalt Block cavity in	2705	2711	
shale Brown + clay Brown	2711	2714	
shale Brown + green Hard "	2714	2718	
shale green + Brown & gray	2718	2720	
shale " " " Basalt Black	2720	2722	
Basalt Block	2722	2730	Water
Basalt gray quartz white	2730	2761	
Basalt gray clay trash gray	2761	2772	
Basalt Block " " "	2772	2779	
Basalt Block shale green cinder Red	2779	2782	
shale Brown Hard	2782	2784	
Basalt Block + shale gray	2784	2791	
Basalt gray shale gray	2791	2799	
shale Brown + Basalt Block	2799	2801	
cinder Block shale green	2801	2816	
Basalt Block + shale gray + green	2816	2826	
cinder Block + red shale green	2826	2829	
" " " " shale Brown + green	2829	2835	

Date started ______ Completed ______

(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.

WWC Number ______

Signed ______ 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.

WWC Number 1399

Signed Walt Lowe Date ______

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WATER RESOURCES DEPT.
SALEM, OREGON

#17 of 19

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

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

WELL I.D. # L 40696
START CARD # 114141

(1) OWNER: Well Number ____
Name ____
Address ____
City ____ State ____ Zip ____

(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 ____ ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ____ 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 ____ Latitude ____ Longitude ____
Township ____ N or S Range ____ E or W. WM.
Section ____ ____ 1/4 ____ 1/4
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:
____ ft. below land surface. Date ____
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found ____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Basalt Black shale green	2833	2839	
Basalt Black	2839	2845	350 GPM
Basalt gray shale green	2845	2863	
Basalt Black + Quartz	2863	2870	
Basalt gray + Shale green	2870	2872	
Basalt Black + shale green	2872	2879	
Basalt gray & shale gray	2879	2881	
Basalt Black " "	2881	2914	
Basalt Black + cinder Red	2914	2922	
Basalt gray ves. + shale green	2922	2924	
Basalt Black shale green	2924	2939	
Basalt gray & Shale green + gray	2939	2943	
Basalt Black " " "	2943	2954	
Basalt gray + shale gray	2954	2958	
Basalt Black + " "	2958	2962	
Basalt gray & shale green	2962	2970	
Basalt Brown + Black shale green	2970	2973	
Basalt gray + shale green	2973	2976	
Basalt Black	2976	2982	
Basalt gray & Black quartz	2982	2986	

Date started ____ Completed ____

(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.
WWC Number ____
Signed ____ 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.
WWC Number 1399
Signed [signature] Date ____

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SALEM, OREGON

#18 of 19

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

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

WELL I.D. # L 40696
START CARD # 114191

(1) OWNER: Well Number ______
Name ______
Address ______
City ______ State ______ Zip ______

(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water ______ 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 ______ Latitude ______ Longitude ______
Township ______ N or S Range ______ E or W. WM.
Section ______ ______ 1/4 ______ 1/4
Tax Lot ______ Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:
______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

(11) WATER BEARING ZONES:

Depth at which water was first found ______

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
Basett Block + gray	2986	2988	
Basett gray	2988	2991	
Basett Block cinder Red shale gray	2991	2997	
Basett gray + shale Brown	2997	3009	
Basett gray shale green	3009	3023	
Basett Block quartz white	3023	3027	
Basett Block cinder Red	3027	3035	
Basett gray quartz shale gray	3035	3041	
Basett Block + shale green	3041	3043	
Basett gray + shale gray quartz	3043	3054	
Basett gray shale green	3054	3078	
Basett Block quartz white	3078	3081	
Basett gray shale green & ~~[illegible]~~	3081		
cinder's red + Block		3099	
Basett Block + quartz ~~[illegible]~~	3099		
White		3106	
Basett gray + shale green + gray	3106	3109	
Basett Block + clay Block	3109	3111	
shale green + ~~[illegible]~~ cinder Red	3111	3116	
Basett Block Vis. shale green	3116	3124	

Date started ______ Completed ______

(unbonded) Water Well Constructor Certification:

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WWC Number ______
Signed ______ Date ______

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WWC Number 1399
Signed Waldo Lowe Date ______

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START CARD # 114141

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Name ______
Address ______
City ______ State ______ Zip ______

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(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 ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
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Artesian pressure ______ lb. per square inch. Date ______

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
Basalt gray & shale green & gray	3124	3127	
Basalt Black & shale green	3127	3134	
Basalt gray & shale green	3134	3136	
Basalt Black & shale green	3136	3137	
Basalt Black	3137	3138	

Date started ______ Completed ______

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WWC Number ______
Signed ______ Date ______

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WWC Number 1399
Signed Wallace Lowe Date ______

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