

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 ID # L **89927**
(START CARD) # **190434**

(1) OWNER: Well Number: **2**
Name **Nell & Shannon Hansen**
Address **98588 Dobie Point Rd.**
City **Kent** State **OR** Zip **97033**

(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 **440** ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
12in	0	18	Bentonite	0	18	625 lbs.	
8in	18	440					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other **Poured Dry**
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: **8in** **+2** **18** **.250** ☒ ☐ ☐ ☐
Liner: ☐ ☐ ☐ ☐
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method Type Material
☐ Screens
From To Slot size Number Diameter Tele/pipe size Casing Liner
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
75 **60** **440** **1 hr.**

Temperature of Water **52** Depth Artesian Flow found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use?
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County **Sherman** Latitude _____ Longitude _____
Township **4S** N or S. Range **18E** E or W. of W.M.
Section **31** NW 1/4 NW 1/4
Tax lot **3100** Lot Block Subdivision
Street Address of Well (or nearest address) **Dobie Point Rd., Kent, OR**

(10) STATIC WATER LEVEL:
289 ft. below land surface. Date **3/21/2007**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **390**

From	To	Estimated Flow Rate	SWL
390	428	75+	

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Top Soil	0	3	
Gray Basalt	3	12	
Brown & Red Basalt	12	59	
Blue Gray Basalt	59	64	
Brown Broken Basalt	64	68	
White Calcite	68	69	
Black Basalt	69	84	
Black Basalt	84	99	
White Claystone	99	104	
Brown Broken Basalt	104	133	
Black Basalt	133	210	
Gray & Brown Broken Basalt	210	243	
White Claystone	243	245	
Red Broken Basalt	245	271	
Gray Broken & Soft Zones	271	277	
Hard Gray Basalt	277	390	
Brown & Red & Gray Basalt WB	390	428	289
Hard Black Basalt	428	440	289

RECEIVED
WESTERN WATER DEVELOPMENT
P.O. Box 1670
Redmond, OR 97756
JUL 06 2007
WATER RESOURCES DEPT
SALEM, OREGON
Date started **3/19/2007** Completed **3/21/2007**

(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 my best 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 **Robert Buckner** WWC Number **1385**
Date **3/22/2007**

ORIGINAL - WATER RESOURCES DEPARTMENT
FIRST COPY - CONSTRUCTOR
SECOND COPY - CUSTOMER
WATER RESOURCES DEPT
SALEM, OREGON