Groundwater Application Review Summary Form

Application # G- 18894

GW Reviewer Phil Marcy **Date Review Completed:** 2/14/2020

Summary of GW Availability and Injury Review:

[ ] Groundwater for the proposed use is either over appropriated, will not likely be available in the amounts requested without injury to prior water rights, OR will not likely be available within the capacity of the groundwater resource per Section B of the attached review form.

Summary of Potential for Substantial Interference Review:

[ ] There is the potential for substantial interference per Section C of the attached review form.

Summary of Well Construction Assessment:

[ ] The well does not appear to meet current well construction standards per Section D of the attached review form. Route through Well Construction and Compliance Section.
dl 2/25/20

This is only a summary. Documentation is attached and should be read thoroughly to understand the basis for determinations and for conditions that may be necessary for a permit (if one is issued).

WATER RESOURCES DEPARTMENT

MEMO February 14, 2020

TO: **Application G-** 18894

FROM: **GW:** Phil Marcy
(Reviewer's Name)

SUBJECT: Scenic Waterway Interference Evaluation

☒ YES
The source of appropriation is within or above a Scenic Waterway
☐ NO

☒ YES
Use the Scenic Waterway condition (Condition 7J)
☐ NO

☐ Per ORS 390.835, the Groundwater Section is **able** to calculate ground water interference with surface water that contributes to a Scenic Waterway. The calculated interference is distributed below.

☒ Per ORS 390.835, the Groundwater Section is **unable** to calculate ground water interference with surface water that contributes to a scenic waterway; **therefore, the Department is unable to find that there is a preponderance of evidence that the proposed use will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway.**

DISTRIBUTION OF INTERFERENCE

Calculate the percentage of consumptive use by month and fill in the table below. If interference cannot be calculated, per criteria in 390.835, do not fill in the table but check the "unable" option above, thus informing Water Rights that the Department is unable to make a Preponderance of Evidence finding.

Exercise of this permit is calculated to reduce monthly flows in _____ Scenic Waterway by the following amounts expressed as a proportion of the consumptive use by which surface water flow is reduced.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

PUBLIC INTEREST REVIEW FOR GROUNDWATER APPLICATIONS

TO: Water Rights Section Date 02/14/2020

FROM: Groundwater Section Phillip I. Marcy
Reviewer's Name

SUBJECT: Application G- 18894 Supersedes review of
Date of Review(s)

PUBLIC INTEREST PRESUMPTION; GROUNDWATER

OAR 690-310-130 (1) *The Department shall presume that a proposed groundwater use will ensure the preservation of the public welfare, safety and health as described in ORS 537.525.* Department staff review groundwater applications under OAR 690-310-140 to determine whether the presumption is established. OAR 690-310-140 allows the proposed use be modified or conditioned to meet the presumption criteria. **This review is based upon available information and agency policies in place at the time of evaluation**.

A. GENERAL INFORMATION:

Applicant's Name: **Gregory L. Bingaman** County: **Union**

A1. Applicant(s) seek(s) 5.18 cfs from 1 well(s) in the Grande Ronde Basin, subbasin

A2. Proposed use Irrigation (310.89 acres) Seasonality: March 1st – October 1st (214 days)

A3. Well and aquifer data (**attach and number logs for existing wells; mark proposed wells as such under logid**):

Well	Logid	Applicant's Well #	Proposed Aquifer*	Proposed Rate(cfs)	Location (T/R-S QQ-Q)	Location, metes and bounds, e.g. 2250' N, 1200' E fr NW cor S 36
1	UNIO 50684	1	Basalt	5.18	2S/38E-12 SE-SW	84'N, 1994'E fr SW cor, S 12
2						
3						
4						
5						

* Alluvium, CRB, Bedrock

Well	Well Elev ft msl	First Water ft bls	SWL ft bls	SWL Date	Well Depth (ft)	Seal Interval (ft)	Casing Intervals (ft)	Liner Intervals (ft)	Perforations Or Screens (ft)	Well Yield (gpm)	Draw Down (ft)	Test Type
1	2775	154	-30.03	03/24/2008	3138	0-197; 1772-1872	0-1772	NA	1772-1952; 2352-2472; 2417-2457; 2587-2687; 2697-2767; 2817-3138	1700	36' in 7 hours	Pump

Use data from application for proposed wells.

A4. **Comments:** The proposed POA well is constructed to produce from Powder River Volcanics and associated volcaniclastic lithologies at depths below 1872' below land surface. This well is an authorized POA on three existing water rights, Certificate 89503, Permit G-12738, and Permit G-15160, for a total authorized rate of 6.7 cfs. The reported yield of the POA well is 1700 gpm (3.79 cfs), far below what is already authorized.

A5. ☒ **Provisions of the** Grande Ronde Basin rules relative to the development, classification and/or management of groundwater hydraulically connected to surface water ☐ **are**, *or* ☒ **are not**, activated by this application. (Not all basin rules contain such provisions.)
Comments:

A6. ☐ **Well(s) #** _____, _____, _____, _____, _____, tap(s) an aquifer limited by an administrative restriction.
Name of administrative area:
Comments:

B. GROUNDWATER AVAILABILITY CONSIDERATIONS, OAR 690-310-130, 400-010, 410-0070

B1. **Based upon available data**, I have determined that groundwater* for the proposed use:

a. ☐ **is** over appropriated, ☒ **is not** over appropriated, *or* ☐ **cannot be determined to be** over appropriated during any period of the proposed use. * This finding is limited to the groundwater portion of the over-appropriation determination as prescribed in OAR 690-310-130;

b. ☐ **will not** *or* ☐ **will** likely be available in the amounts requested without injury to prior water rights. * This finding is limited to the groundwater portion of the injury determination as prescribed in OAR 690-310-130;

c. ☐ **will not** *or* ☐ **will** likely to be available within the capacity of the groundwater resource; or

d. ☒ **will, if properly conditioned**, avoid injury to existing groundwater rights or to the groundwater resource:
   i. ☒ The permit should contain condition #(s) **7N; "Large Water Use Reporting"**;
   ii. ☐ The permit should be conditioned as indicated in item 2 below.
   iii. ☐ The permit should contain special condition(s) as indicated in item 3 below;

B2. a. ☐ **Condition** to allow groundwater production from no deeper than _____ ft. below land surface;

b. ☐ **Condition** to allow groundwater production from no shallower than _____ ft. below land surface;

c. ☐ **Condition** to allow groundwater production only from the _____ groundwater reservoir between approximately _____ ft. and _____ ft. below land surface;

d. ☐ **Well reconstruction** is necessary to accomplish one or more of the above conditions. The problems that are likely to occur with this use and without reconstructing are cited below. Without reconstruction, I recommend withholding issuance of the permit until evidence of well reconstruction is filed with the Department and approved by the Groundwater Section.

Describe injury –as related to water availability– that is likely to occur without well reconstruction (interference w/ senior water rights, not within the capacity of the resource, etc): _____

B3. **Groundwater availability remarks:** The proposed POA well, UNIO 50684, produces from volcanic flow rocks and associated volcaniclastics of the Powder River Volcanics and likely the upper portions of the Grande Ronde Basalt of the Columbia River Basalt Group. Based on construction and similar head elevations, two nearby wells appear to produce water from the same source aquifer. UNIO 2046 lies about 3 miles NNE of the proposed POA, is authorized for irrigation use under certificate 90496, and belongs to the applicant. UNIO 173 is located 2.75 miles due north of the proposed POA, is authorized under certificate 51170 and permits G-15644 and G-16963, and is not owned by the applicant, and therefore likely represents the most likely target of possible well to well interference.

Calculations of expected drawdown at neighboring UNIO 173 include all currently authorized pumping, in addition to the proposed rate herein, a total of 11.88 cfs. Using a range of transmissivity values derived from nearby pump tests in basalt wells, and a range of storativity values appropriate for confined aquifers, a series of Theis drawdown calculations were performed. Expected impacts at UNIO 173 from pumping UNIO 50684 at 11.88 cfs for a period of 245 days fall between 25 and 50 feet under the most likely scenarios. Static water levels in UNIO 173 are typically between 55 and 85 feet above land surface, meaning that if 50' of drawdown does occur, resulting static water level will likely remain above land surface.

C. GROUNDWATER/SURFACE WATER CONSIDERATIONS, OAR 690-09-040

C1. **690-09-040 (1):** Evaluation of aquifer confinement:

Well	Aquifer or Proposed Aquifer	Confined	Unconfined
1	**Powder River Volcanics and CRBG**	☒	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Basis for aquifer confinement evaluation: The applicant's well produces from depths below 1872' below land surface, and flows artesian at land surface. It is typical for wells producing from deep-seated volcanic aquifers in this region to have static water levels well above the elevation of their respective water-bearing zones.

C2. **690-09-040 (2) (3):** Evaluation of distance to, and hydraulic connection with, surface water sources. All wells located a horizontal distance less than ¼ mile from a surface water source that produce water from an unconfined aquifer shall be assumed to be hydraulically connected to the surface water source. Include in this table any streams located beyond one mile that are evaluated for PSI.

Well	SW #	Surface Water Name	GW Elev ft msl	SW Elev ft msl	Distance (ft)	Hydraulically Connected? YES	NO	ASSUMED	Potential for Subst. Interfer. Assumed? YES	NO
1	**1**	**Canyon Creek**	**2805**	**2720**	**5200**	☐	☒	☐	☐	☒
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐

Basis for aquifer hydraulic connection evaluation: Groundwater in the deep-seated volcanic aquifer in the Grande Ronde Valley is likely hydraulically isolated, due to thick successions of volcanic rock and fine-grained sediments that severely limit the ability of groundwater to migrate vertically. In addition, the elevation difference between groundwater in the POA well and surface water within 1 mile are significantly different.

Water Availability Basin the well(s) are located within: GRANDE RONDE R> SNAKE R- AB WILLOW CR

C3a. **690-09-040 (4):** Evaluation of stream impacts for each well that has been determined or assumed to be **hydraulically connected and less than 1 mile** from a surface water source. Limit evaluation to instream rights and minimum stream flows that are pertinent to that surface water source, and not lower SW sources to which the stream under evaluation is tributary. Compare the requested rate against the 1% of 80% *natural* flow for the pertinent Water Availability Basin (WAB). If Q is not distributed by well, use full rate for each well. Any checked ☒ box indicates the well is assumed to have the potential to cause PSI.

Well	SW #	Well < ¼ mile?	Qw > 5 cfs?	Instream Water Right ID	Instream Water Right Q (cfs)	Qw > 1% ISWR?	80% Natural Flow (cfs)	Qw > 1% of 80% Natural Flow?	Interference @ 30 days (%)	Potential for Subst. Interfer. Assumed?
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐

C3b. **690-09-040 (4):** Evaluation of stream impacts by total appropriation for all wells determined or assumed to be **hydraulically connected and less than 1 mile** from a surface water source. **Complete only if Q is distributed among wells**. Otherwise same evaluation and limitations apply as in C3a above.

	SW #		Qw > 5 cfs?	Instream Water Right ID	Instream Water Right Q (cfs)	Qw > 1% ISWR?	80% Natural Flow (cfs)	Qw > 1% of 80% Natural Flow?	Interference @ 30 days (%)	Potential for Subst. Interfer. Assumed?
			☐			☐		☐		☐
			☐			☐		☐		☐
			☐			☐		☐		☐
			☐			☐		☐		☐

Comments: This section does not apply.

C4a. **690-09-040 (5):** Estimated impacts on **hydraulically connected surface water sources greater than one mile** as a percentage of the proposed pumping rate. Limit evaluation to the effects that will occur up to one year after pumping begins. This table encompasses the considerations required by 09-040 (5)(a), (b), (c) and (d), which are not included on this form. Use additional sheets if calculated flows from more than one WAB are required.

Non-Distributed Wells													
Well	SW#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
Distributed Wells													
Well	SW#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
(A) = Total Interf.													
(B) = 80 % Nat. Q													
(C) = 1 % Nat. Q													
(D) = (A) > (C)													
(E) = (A / B) x 100		%	%	%	%	%	%	%	%	%	%	%	%

(A) = total interference as CFS; (B) = WAB calculated natural flow at 80% exceed. as CFS; (C) = 1% of calculated natural flow at 80% exceed. as CFS; (D) = highlight the checkmark for each month where (A) is greater than (C); (E) = total interference divided by 80% flow as percentage.

Basis for impact evaluation: This section does not apply.

C4b. **690-09-040 (5) (b) The potential to impair or detrimentally affect the public interest is to be determined by the Water Rights Section.**

C5. ☐ **If properly conditioned**, the surface water source(s) can be adequately protected from interference, and/or groundwater use under this permit can be regulated if it is found to substantially interfere with surface water:

i. ☐ The permit should contain condition #(s)_____;

ii. ☐ The permit should contain special condition(s) as indicated in "Remarks" below;

C6. **SW / GW Remarks and Conditions:**

Special Condition: If a permit is issued, OWRD staff shall be granted access to the POA well in order to conduct static water level measurements in addition to yearly static water level measurements in March required by Condition 7N in Section B1 above.

References Used: Development Potential of Ground Water in the Grande Ronde Valley, Union County, Oregon, Ham, 1966

Ferns, M. L., McConnell, V. S., Madin, I. P., and Johnson, J. A., 2010, Geology of the upper Grande Ronde River basin, Union County, Oregon; Oregon Department of Geology and Mineral Industries Bulletin 107, scale 1:100,000, 65 p.

OWRD water level database.

Groundwater review G-17558.

D. WELL CONSTRUCTION, OAR 690-200

D1. **Well #:** _____ **Logid:** _____

D2. **THE WELL does not appear to meet current well construction standards based upon:**

a. ☐ review of the well log;
b. ☐ field inspection by _____;
c. ☐ report of CWRE _____;
d. ☐ other: (specify) _____

D3. **THE WELL construction deficiency or other comment is described as follows:** _____

D4. ☐ **Route to the Well Construction and Compliance Section for a review of existing well construction.**

Water Availability Tables

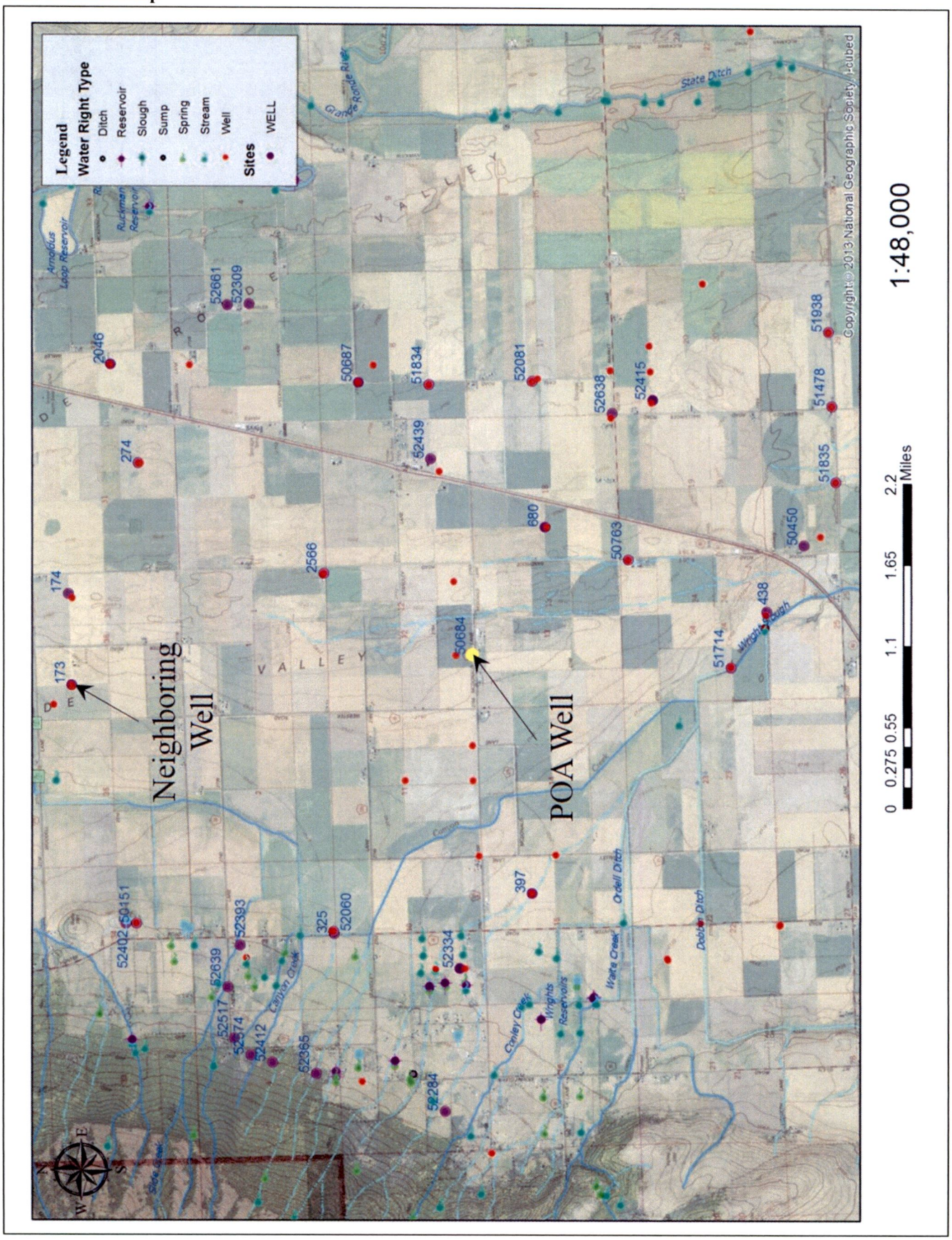
DETAILED REPORT ON THE WATER AVAILABILITY CALCULATION

GRANDE RONDE R > SNAKE R - AB WILLOW CR

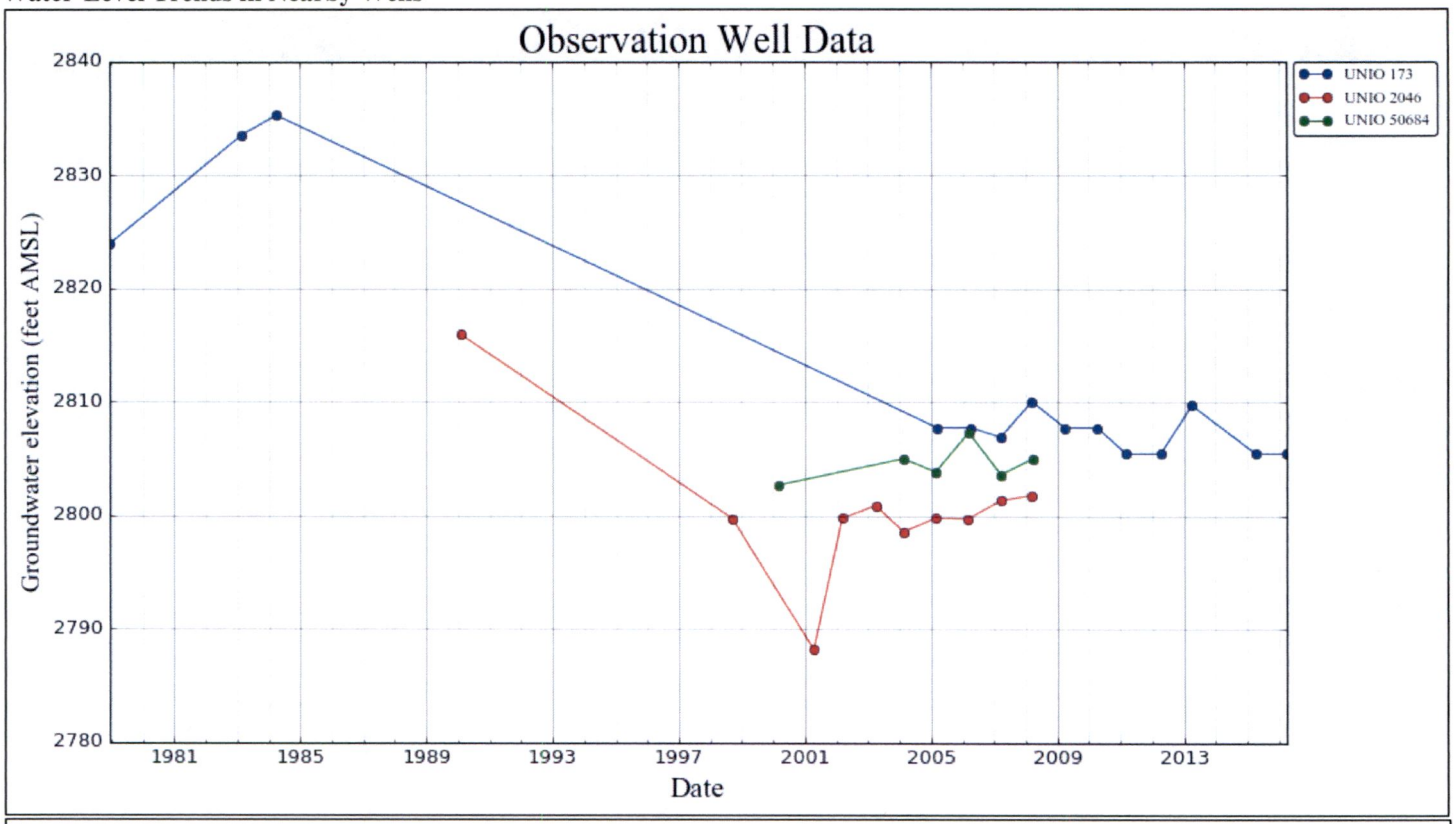
Watershed ID #: 30810407 Basin: GRANDE RONDE Exceedance Level: 80
Time: 3:52 PM Date: 02/11/2020

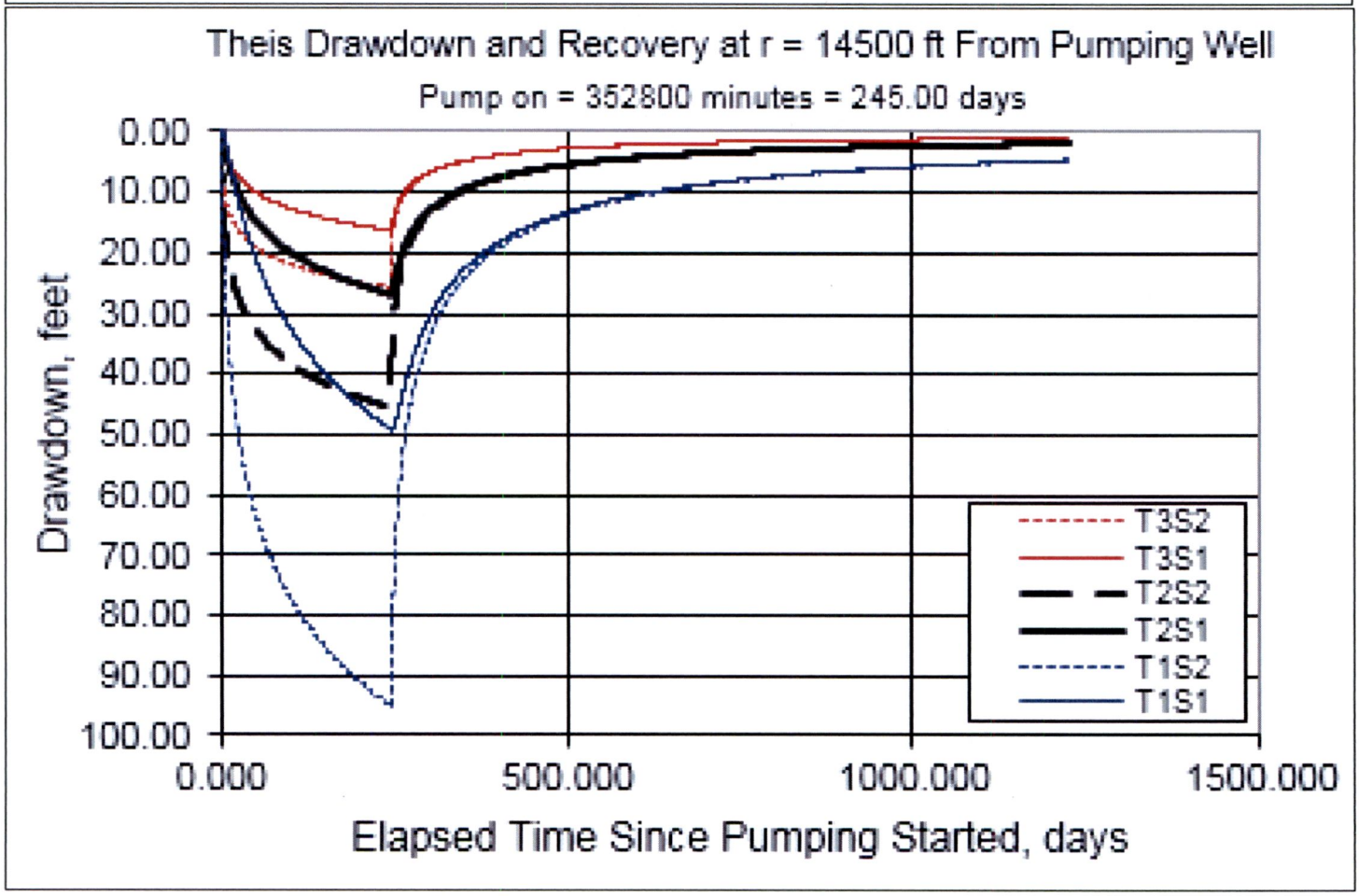
Month	Natural Stream Flow	Consumptive Use and Storage	Expected Stream Flow	Reserved Stream Flow	Instream Requirements	Net Water Available
	Monthly values are in cfs. Storage is the annual amount at 50% exceedance in ac-ft.					
JAN	138.00	17.70	120.00	23.70	0.00	96.60
FEB	246.00	21.70	224.00	62.30	0.00	162.00
MAR	431.00	23.50	408.00	118.00	0.00	290.00
APR	966.00	148.00	818.00	131.00	0.00	687.00
MAY	1,100.00	332.00	768.00	187.00	0.00	581.00
JUN	530.00	293.00	237.00	58.40	0.00	179.00
JUL	257.00	138.00	119.00	0.00	0.00	119.00
AUG	185.00	90.20	94.80	0.00	0.00	94.80
SEP	127.00	63.60	63.40	0.00	0.00	63.40
OCT	85.60	23.30	62.30	1.55	0.00	60.80
NOV	93.10	15.00	78.10	0.00	0.00	78.10
DEC	111.00	16.80	94.20	13.00	0.00	81.20
ANN	429,000	71,500	358,000	35,900	0	322,000

Well Location Map



Water-Level Trends in Nearby Wells





Expected drawdown (using T2 curves) at UNIO 173 is between roughly 25 and 55 feet after pumping UNIO 50684 for 245 days at a rate of 11.88 cfs, the combined rate of current authorizations and the proposed rate on this application.

MEMO

To: Kristopher Byrd, Well Construction and Compliance Section Manager

From: Joel Jeffery, Well Construction Program Coordinator

Subject: Review of Water Right Application G-18894

Date: March 2, 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.

MEMO

To: Kristopher Byrd, Well Construction and Compliance Section Manager

From: Joel Jeffery, Well Construction Program Coordinator

Subject: Review of Water Right Application G-18894

Date: February 27, 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 does not appear to comply with current minimum construction Standards (See OAR Division 210). This is a flowing artesian well. In order to meet minimum well construction standards, the well must be continuously cased and continuously sealed into the consolidated formation immediately overlying the water bearing zone. In addition, flowing artesian wells shall be equipped with a control valve and a water tight mechanical cap threaded or welded, so that all flow of water from the well can be completely stopped. Also, the well shall be equipped with a pressure gauge on a dead end line with a petcock valve placed between the gauge and the well casing.

My recommendation is that the Department **not issue** a permit for Applicant's Well #1 (UNIO 50684) unless it is brought into compliance with current minimum well construction standards or information is provided showing it is in compliance with current minimum well construction standards.

Bringing Applicant's Well #1 into compliance with minimum well construction standards may not satisfy hydraulic connection issues.

RECEIVED

APR 13 2000

WATER RESOURCES DEPT.
SALEM, OREGON

#1 of 19

4N10
50684

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 GREG BINGAMAN
Address 64088 MC DONALD LANE
City LA GRANDE 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	1878	Cement	1772	1878	150 SK

How was seal placed: Method ☒ A ☐ B ☒ C ☐ D ☐ E
☐ Other
Backfill placed from ft. to ft. Material 54 YDS
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	1878	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
1778	1952	.230	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'	10.750 - 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 38E ~~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 Block	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 Walter Lowe Date 3-20-2000

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

UNIO
.50684

RECEIVED

APR 13 2000

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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12 1/4	18	2472				
9 7/8	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 S3B Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
2817	3138	5/16	5120	8 5/8	.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	
clay stone + 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 gray green 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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SALEM, OREGON

#3 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 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 ⅛-1"	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 ⅛-1"	797	800	water
clay Brown SOFT	800	827	
clay TAN SOFT	827	832	
clay gray & green SOFT	832	842	
clay green Hard & Dry	842	862	
sand course & gravel ⅛-1"	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 Walko Stone Date

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WATER RESOURCES DEPT.
SALEM, OREGON

#4 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

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	20'

(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	985	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 grey - 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 Walter Lowe Date

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SALEM, OREGON

#5 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
sand coarse	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 & clay stone hard	1149	1152	
clay light green Hard	1152	1198	
clay tan SOFT & sand course sandstone	1198	1292	
sand course green	1292	1296	water
clay gray SOFT	1296	1329	
clay tan SOFT	1329	1345	
clay stone green	1345	1354	
clay gray + green + clay stone	1354	1358	
clay Brown & red SOFT + HARD	1358	1361	
clay green SOFT	1361	1373	
clay gray SOFT	1373	1392	
sand course green	1392	1393	
clay green	1393	1395	
clay Block Hard	1395	1398	

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 Wally Jones Date _____

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WATER RESOURCES DEPT.
SALEM, OREGON

#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 # 141411

(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 & clay stone	1325	1343	
sand FINE & clay gram	1343	1345	
clay green Hard	1345	1375	
sand coarse	1375	1378	
clay green & clay stone	1378	1398	
clay gray SOFT	1398	1393	
clay Brown SOFT	1393	1403	
clay green sand & clay Red	1403	1405	
clay green SOFT	1405	1416	
clay green & sand coarse HARD	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 Walter Jones 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	1435	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 gray 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 Wade Lowe Date _____

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SALEM, OREGON

#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 grey + Black SOFT	1647	1649	
clay green SOFT	1649	1653	
clay grey SOFT	1653	1657	
clay green	1657	1660	
clay + shale - green + grey	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 Wally Lowe Date _____

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WATER RESOURCES DEPT.
SALEM, OREGON

#9 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	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	1784		
SOFT & HARD		1786	
clay Brown	1786	1787	
clay Brown & green SOFT	1787		
& HARD		1788	
clay green & SOFT	1788	1791	
clay grey & green SOFT	1791	1793	
clay Brown SOFT	1793	1796	
clay gray SOFT	1796	1798	
clay Brown SOFT	1798	1805	
clay grey 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 Wabbe Some Date

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SALEM, OREGON

#10 & 19

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

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

(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 & Black SOFT & Hard	1808	1810	
clay green SOFT	1810	1811	
clay gray	1811	1815	
clay gray green SOFT	1815	1817	
clay Brown	1817	1828	
clay green Brown & clay stone	1828	1823	
clay gray SOFT & clay stone Block	1823	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 gray	1867	1876	
cinder Block SOFT & clay Block	1876	1879	
clay green SOFT & Basalt Block	1879	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 Walter 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

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	
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 Vesc. + 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 Sosne Date

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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 40496
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 grey + clay grey SOFT	1994	1997	
clay grey SOFT Basalt Block	1997	2002	
Basalt grey clay gray SOFT	2002	2087	
cinder Red + Block + shale green	2087	2091	
Basalt Block + shale green + grey	2091	2104	
Basalt grey + shale green	2104	2109	
Basalt Block + shale green	2109	2118	
Basalt Block vec. + shale green	2118		
+ tan + Pink SOFT		2153	
cinder Block " " "	2153	2162	
Basalt Block + shale green	2162	2164	
Basalt Block + grey + shale	2164		
green + pink + grey + clay			
grey SOFT		2218	
Basalt Block + shale Red	2218	2221	
Basalt Block + shale green clay	2221	2270	
clay Red Brown Basalt Block	2270	2274	
Basalt Block + cinder Red	2274	2279	
Basalt grey + clay grey 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 Walter Isom Date _____

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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 49696

START CARD # 14141

(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	[redacted]	
Basalt Black + alt. gray Hard		2396	
cinder Brown + shale green	2396	2412	
Basalt Black Vesc. 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 Walter Lowe Date

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SALEM, OREGON

#14 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 TAN SOFT	2428	2451	
clay green + gray + DRY + HARD	2451	2454	
clay green + gray + Basalt Block Vsc	2454	2456	
clay TAN SOFT	2456	2457	
Shale green + Basalt Block Vsc.	2457	2461	
clay Tan Brown SOFT	2461	2464	
Basalt Block Vsc. shale green	2464	2478	
Basalt Block Vsc. clay gray	2478	2509	
Basalt Block clay tan shale green	2509	2311	
cinder Red + clay Brown + Red shale green	2311	2516	
Basalt Blak clay gray green	2816	2575	
Basalt Brown SOFT	2575	2577	
cinder Red shale green gray	2577	2579	
Basalt Brown + Shale " "	2579	2581	
Basalt Block + shale green gray + gravity	2581	2584	
Basalt Brown + clay gray SOFT	2584	2587	
Basalt Block + 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 Wallace Lowe Date _____

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SALEM, OREGON

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#15 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 # 141491

(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 gravity	2596		
White & cinder Red clay Red		2597	
Basalt Brown SOFT	2597	2600	
Basalt Black shale green-gravity	2600	2603	
Basalt Brown " " " "	2603	2605	
Basalt Black shale green	2605	2612	
Basalt gray's red shale green	2612	2629	
Basalt gray brown gravity white	2629	2632	
Basalt Red shale green	2632	2637	
Basalt Black gravity white	2637	2645	
Basalt gray shale green + gravity	2645	2652	
Basalt Brown shale green	2652	2657	
Basalt Black var. 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 Walda Lowe Date _____

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SALEM, OREGON

#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 & clay gray SOFT	2690	2705	
Basalt Block cavity in	2705	2711	
Shale Brown & clay Brown	2711	2714	
Shale Brown & green Hard	2714	2718	
Shale green & Brown & gray	2718	2780	
Shale " " " Basalt Block	2780	2782	
Basalt Block	2782	2730	Water
Basalt gray quartz White	2730	2761	
Basalt gray clay rock 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 1599
Signed Walter Lowe Date _____

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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

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 Diameter	From	To	SEAL 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 Block shale green	2835	2839	
Basalt Block	2839	2845	350 GPM
Basalt gray shale green	2845	2863	
Basalt Block + gravity	2863	2870	
Basalt gray + shale green	2870	2872	
Basalt Block + shale green	2872	2879	
Basalt gray & shale gray	2879	2881	
Basalt Block " "	2881	2914	
Basalt Block + cinder Red	2914	2922	
Basalt gray Red + shale green	2922	2924	
Basalt Block shale green	2924	2939	
Basalt gray & shale green + gray	2939	2943	
Basalt Block " " "	2943	2954	
Basalt gray + shale gray	2954	2958	
Basalt Block + " "	2958	2962	
Basalt gray & shale green	2962	2970	
Basalt Brown & Block shale green	2970	2973	
Basalt gray + shale green	2973	2976	
Basalt Block	2976	2982	
Basalt gray + Block gravity	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 _____ Date _____

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#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
Basalt Block + gray	2986	2988	
Basalt gray	2988	2991	
Basalt Block cinder Red shale gray	2991	2997	
Basalt gray + shale brown	2997	3009	
Basalt gray shale green	3009	3083	
Basalt Block quartz white	3083	3027	
Basalt Block cinder Red	3027	3035	
Basalt gray quartz shale gray	3035	3041	
Basalt Block + shale green	3041	3043	
Basalt gray + shale gray quartz	3043	3054	
Basalt gray shale green	3054	3078	
Basalt Block quartz white	3078	2081	
Basalt gray shale green + [illegible]	3081		
cinder's red + Block		3099	
Basalt Block + quartz [illegible]	3099		
White		3106	
Basalt gray + shale green + gray	3106	3109	
Basalt Block + clay Block	3109	3111	
shale green + [illegible] cinder Red	3111	3116	
Basalt Block via. shale green	3116	3124	

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 Walter Jones Date _____

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Umo 50684

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APR 13 2000
WATER RESOURCES DEPT.
SALEM, OREGON

#19 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 70696
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 & shale green & gray	3124	3127	
Basalt Block & shale green	3127	3134	
Basalt gray & shale green	3134	3136	
Basalt Block & shale green	3136	3137	
Basalt Block	3137	3138	

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 Wade Lowe Date _____

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