

RECEIVED

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

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APR 24 1997

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

WATER RESOURCES DEPT.

(START CARD) # 84905

(1) OWNER:

Name Wesley B. Prouty

Well Number #1

Address 90149 Mancola RD

City Springfield State OR Zip 97478

(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 120 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			From	To	Material	From	To	lbs or pounds
Diameter	From	To									
10"	0	24			Bent.	0	24				12
6"	24	120									

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Day Bent. 3/8

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0	57	.025	☒	☐	☒	☐
Liner: 4 1/2"	40	120	50	☐	☒	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Slot Hole Pipe

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90	120	8	50	1/8	4 1/2	☐	☒

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

☐ Pump	☐ Bailer	☒ Air	Flowing ☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
20	120	120	1 hr.
20	120	120	2 hr.

Temperature of water 57 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 Baker Latitude _____ Longitude _____

Township 11 N or S Range 43 E or W. WM.

Section 21 CC SW 1/4 SW 1/4

Tax Lot 200 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Belting truck stop Restaurant in Durkey

(10) STATIC WATER LEVEL:

16 ft. below land surface.

Artesian pressure _____ lb. per square inch.

Date 4-16-97

(11) WATER BEARING ZONES:

Depth at which water was first found 28'

From	To	Estimated Flow Rate	SWL
60	110	20	16

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
lt. Brown Clay	0	28	
Dark Brown Clay + Gravel	28	58	16
lt. Brown Clay + Gravel	58	82	
Dark Brown Clay + Gravel	82	86	
lt. Brown Clay + Gravel	86	110	
Hard Gray Clay	110	120	16

At 82 FEET
Hit BURN'T WOOD
Log App. 6" in Dia.

Date started 4-15-97 Completed 4-16-97

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____

WWC Number _____

Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Arthur D. Maynard

WWC Number 1655

Date 4-17-97