

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

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

(1) OWNER:

Name Earl + Sheats Well Number L11462
Address 8610 Mennonite Church RD
City Westover State MD Zip 21871

(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 162 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	50	cement	0	50	16
6	1+	152 1/2	steel			
6	152 1/2	162	open hole			

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

Backfill placed from _____ ft. to _____ ft. Material cement grout
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	1+	152 1/2	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 152 1/2

(7) PERFORATIONS/SCREENS:

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

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

☐ Pump	☒ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
5	50		
			1 hr.

Temperature of water 52° Depth Artesian Flow Found _____

Was a water analysis done? no ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

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SEP 14 1998

(START CARD) #

L11462
097307

WATER RESOURCES DEPT.

(9) SALEM, OREGON WELL by legal description:

County Benton Latitude _____ Longitude _____
Township 10S N or S Range 4W E or W. WM.
Section 19 SW 1/4 SW 1/4
Tax Lot 1801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 28863
Hamper Rd Gravelly Cr

(10) STATIC WATER LEVEL:

59 ft. below land surface. Date 8-21-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 134

From	To	Estimated Flow Rate	SWL
134	153	57	59

(12) WELL LOG:

Ground Elevation 350

Material	From	To	SWL
Clay Red Hard	0	30	
Clay Brown med boulders	30	134	
Gravel med + Clay Brown	134	145	59
Gravel + Gravel med	145	153	
Gravel med Hard Gray	153	160	
Hard Hard Blue	160	162	

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DEC 03 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7-27-98 Completed 8-21-98

(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.

WVC 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.

WVC Number 610
Signed Bob Date 8-21-98