

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

WELL I.D. # L 44395  
 START CARD # 131008

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

(1) LAND OWNER Well Number \_\_\_\_\_  
 Name DAVE ELDER  
 Address 1620 S 2nd ST  
 City LEBANON State OREGON Zip 97355

(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 405 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>18 1/2</u>	<u>Cement</u>	<u>0</u>	<u>18 1/2</u>	<u>8</u>
<u>6</u>	<u>18 1/2</u>	<u>405</u>				

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: <u>6</u>	<u>+17 1/2</u>	<u>18 1/2</u>	<u>25c</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing <input type="checkbox"/> Artesian Time
<u>7</u>		<u>400</u>	<u>1 hr.</u>

Temperature of water 59° 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 Benton Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 19 N or S Range 6 E or W. WM.  
 Section 20 NE 1/4 SE 1/4  
 Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 25319 Rambo Ln. McARCE, OREGON

(10) STATIC WATER LEVEL:  
41 ft. below land surface. Date 1-22-01  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 265

From	To	Estimated Flow Rate	SWL
<u>265</u>	<u>266</u>	<u>3</u>	<u>41</u>
<u>392</u>	<u>393</u>	<u>4</u>	<u>41</u>

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>TOPSOIL</u>	<u>0</u>	<u>2</u>	
<u>yellow sticky clay</u>	<u>2</u>	<u>6</u>	
<u>Brown sandy clay</u>	<u>6</u>	<u>10</u>	
<u>Blue sandstone</u>	<u>10</u>	<u>109</u>	
<u>LT Blue sandstone</u>	<u>109</u>	<u>245</u>	
<u>Blue sandstone</u>	<u>245</u>	<u>315</u>	<u>41</u>
<u>LT Red sandstone</u>	<u>315</u>	<u>336</u>	
<u>Blue sandstone</u>	<u>336</u>	<u>370</u>	<u>41</u>
<u>LT Red sandstone</u>	<u>370</u>	<u>391</u>	
<u>Brown sandstone</u>	<u>391</u>	<u>395</u>	
<u>LT Blue sandstone</u>	<u>395</u>	<u>405</u>	

**RECEIVED**

FEB 09 2001

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 1-18-01 Completed 1-22-01

(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 Gary King WWC Number 799 Date 1-23-01