

DRAFT

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

START CARD # 195093

(1) LAND OWNER

Name Anderson, Elise Well Number _____
 Address PO Box 163
 City Philomath State Ore Zip 97370

(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			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	90	Concrete	0	90	23
6"	90	120	Concrete	0	90	

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:	6"	0	90	20	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

		Flowing	
		☐ Artesian	
Yield gal/min	Drawdown	Drill stem at	Time
12	67'	11/19	1 hr.

Temperature of water 52 Depth Artesian 11/19
 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 12 N or S Range 6 E or W WM.
 Section 2 SW 1/4 SE 1/4
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 809 Wilmomont St Philomath, OR 97370

(10) STATIC WATER LEVEL:

52 ft. below land surface. Date 8-21-08
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 115'

From	To	Estimated Flow Rate	SWL
115'	117'	12 gal/min	32'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown clay	0	7	
Gray clay	7	25	
Brown sand stone	25	65	
Dark brown sand stone	65	70	
Gravelly black sand	70	120	32

Date started 8-14-08 Completed 8-21-08

(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 1271
 Signed R. Smith Date 8-28-08