

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL#	134731
START CARD #	216119
ORIGINAL LOG #	

- (1) LAND OWNER
 First Name Paula Owner Well I.D. _____
 Last Name Pacheco
 Company _____
 Address 25383 Dawson Rd
 City Monroe State OR Zip 97450
- (2) TYPE OF WORK
☐ Alteration (complete 2a & 10) ☒ New Well ☐ Deepening ☐ Conversion
☐ Abandonment (complete 5a)

- (2a) PRE-ALTERATION
- | | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---------|----------|---|------|----|-------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Casing: | | | | | | ☒ | ☒ | ☐ | ☐ |
| | Material | | From | To | Amt | sacks/lbs | | | |
| Seal: | | | | | | | | | |

- (3) **DRILL METHOD**
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

- (4) PROPOSED USE** ☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

- (5) **BORE HOLE CONSTRUCTION** Special Standard ☐ (Attach copy)
Depth of Completed Well 140 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
10"	0'	19'	Bentonite	0'	19'	8 Scks
6"	19'	140'			Calculated	8 Scks
					Calculated	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 45 Per OAC 690-210-340 Screened

Backfill placed from _____ ft. to _____ ft. Material 2 1/2 yd.

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

- ### **(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount	Pounds	Actual Amount	Pounds
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- (6) CASING/LINER**
- | Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|--------------------------|-----|--------------------------|------|-----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| ☒ | ☐ | 6" | ☐ | +1' | 19' | 250 | ☒ | ☐ | ☐ | ☐ |
| ☐ | ☐ | | ☐ | | | | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | | ☐ | | | | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | | ☐ | | | | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | | ☐ | | | | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | | ☐ | | | | ☐ | ☐ | ☐ | ☐ |
- Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) None
- Temp casing ☐ Yes Dia _____ From _____ To _____

- (7) PERFORATIONS/SCREENS
- Perforations Method NONE
- Screens Type _____ Material _____
- | Perf/S
creen | Casing/
Liner | Screen
Dia | From | To | Scrn/slot
width | Slot
length | # of
slots | Tel/
pipe size |
|-----------------------------|------------------|---------------|------|----|--------------------|----------------|---------------|-------------------|
| Customer Did Not Want Liner | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- (8) WELL TESTS: Minimum testing time is 1 hour
- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
- | Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 7 gpm | | 140' | 1 HB |
| | | | |
| | | | |

Temperature 58° °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 110

From	To	Description	Amount	Units

- BENT 56014
- (9) LOCATION OF WELL (legal description)**
- County Benton Twp 14 S N Range 06 W E W MM
- Sec 12 SE 1/4 of the SE 1/4 Tax Lot 800
- Tax Map Number _____ Lot _____
- Lat _____ " or _____ DMS or DD
- Long _____ " or _____ DMS or DD
- ☐ Street address of well ☐ Nearest address

25383 Dawson Rd Monroe Or 97456

- | (10) STATIC WATER LEVEL | | | |
|--------------------------------|---------|-----------|-----------|
| | Date | SWL(psi) | + SWL(ft) |
| Existing Well / Pre-Alteration | | | |
| Completed Well | 8-29-19 | | 73' |
| Flowing Artesian? | | Dry Hole? | |

WATER BEARING ZONES Depth water was first found 98'

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
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8-29-19	98'	103'	79pm		73'

- [illegible]

Date Started 8-29-19 Completed 8-29-19

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 751 Date 8-29-19

Signed D. Joe Fovens

Contact Info (optional) Mid Valley Drilling Inc.

ORIGINAL - WATER RESOURCES DEPARTMENT