

**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 118891 34395  
START CARD # 126418

**(1) OWNER:**

(1) OWNER: Well Number 6  
Name Western Hills Mobile Home park  
Address 748 66 Dean Rd  
City Rainier State OR Zip 97048

## (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 260 ft.  
Explosives used ☐ Yes ☐ No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	35	Cement	0	35	1454 cks
6	35	260				

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	+1	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4.5	-5	243		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 40

**(7) PERFORATIONS/SCREENS:**

( )

☐ Perforations      Method \_\_\_\_\_

☐ Screens      Type \_\_\_\_\_ Material \_\_\_\_\_

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

<input type="checkbox"/> Pump Yield gal/min	<input type="checkbox"/> Bailer Drawdown	<input type="checkbox"/> Air Drill stem at	<input type="checkbox"/> Flowing Artesian Time
—			1 hr.
—			

Temperature of water \_\_\_\_\_ 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 col Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 7N N or S Range 2W E or W. WM.  
Section 20 SW 1/4 NW 1/4  
Tax Lot 400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 74866 Dran

**(10) STATIC WATER LEVEL:**

8 ft. below land surface. Date 5-21-60  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
			$\delta$

**(12) WELL LOG:**

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
This Hole was over shot with 10" shoe with teeth to 35ft			
The Hole was pumped with tucm. pipe from 35 - 0ft with cement with 5% bentonite from			
<b>RECEIVED</b>			
JUL 10 2006			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 2 Jul 7 Completed 5 Jul 7

**(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 1480  
Signed Ann Miller Date 7/7/06