

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

WELL I.D. # L 118891
 START CARD # 126418

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

(1) OWNER: Well Number 6
 Name Western Hills Mobile Home Park
 Address 74866 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			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	35	Cement	0	35	1454cks
6	35	200				

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"/>
Liner:	4.5	-5	243		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 40

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Pump Bailer Air Flowing Artesian

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 Dean Rd
Rainier OR 97048

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 5 July 00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
			8

(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 12cm pipe from 35 - 0ft with cement with 5% bentonite from			
RECEIVED			
JUL 10 2000			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 2 July Completed 5 July

(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 AME Mall Date 7 July 00