

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 77283
START CARD # 165968

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

(1) LAND OWNER Well Number _____
Name Loyal Order of Moose
Address 3570 NW Laneville
City Laneville State OR Zip 97754

(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 285 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10"	0 25	Perfor. bk	0 25	30	sacks
6"	25 235	None	None		

How was seal placed: Method A B C D E
 Other packed in Day

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
6"	+1	235	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>							

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

(7) PERFORATIONS/SCREENS:

Perforations Method Cutting torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
225	235	1/16 x 6	40	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
40	60'		<input checked="" type="checkbox"/>	1 hr.

Temperature of water 63° 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 Crook Latitude _____ Longitude _____
Township 14 N or S Range 15 E or W. WM.
Section 24 SW 1/4 SW 1/4
Tax Lot 1101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as owner

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 9/15/05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 225'

From	To	Estimated Flow Rate	SWL
225	235	40 gpm	30'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown sandy clay	2	30	
Black sandy clay	30	225	
gravel	225	235	30'

RECEIVED
OCT 11 2005
WATER RESOURCES DEPT
SALEM, OREGON

Date started 9/12/05 Completed 9/15/05

(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 [Signature] WWC Number 810 Date 10/16/05