

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 78588

START CARD # 175973

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

(1) LAND OWNER Name Mildred Doyle Well Number \_\_\_\_\_

Address 04570 Old House Creek Road  
 City Agness State Oregon Zip 97406

(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 75 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
10"	0 28	Bentonite	0 28	13
6"	28 75			

How was seal placed: Method  A  B  C  D  E  
 Other Poured dry  
 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	75	.280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-5	65	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method Torch  
 Screens Type \_\_\_\_\_ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
68'	75'	8"	12	1/2"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
65'	75'	.010		4"	10'	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20		75	1 hr.

Temperature of water 49 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 Curry Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 35S N or S Range 11W E or W. WM.  
 Section 29 A 1/4 D 1/4  
 Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 04570 Old House Ck. Rd  
Agness, Oregon

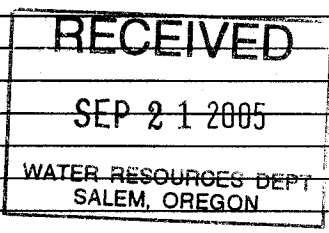
(10) STATIC WATER LEVEL:  
52 ft. below land surface. Date 8/30/05  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 70'

From	To	Estimated Flow Rate	SWL
70'	71'	20	52

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

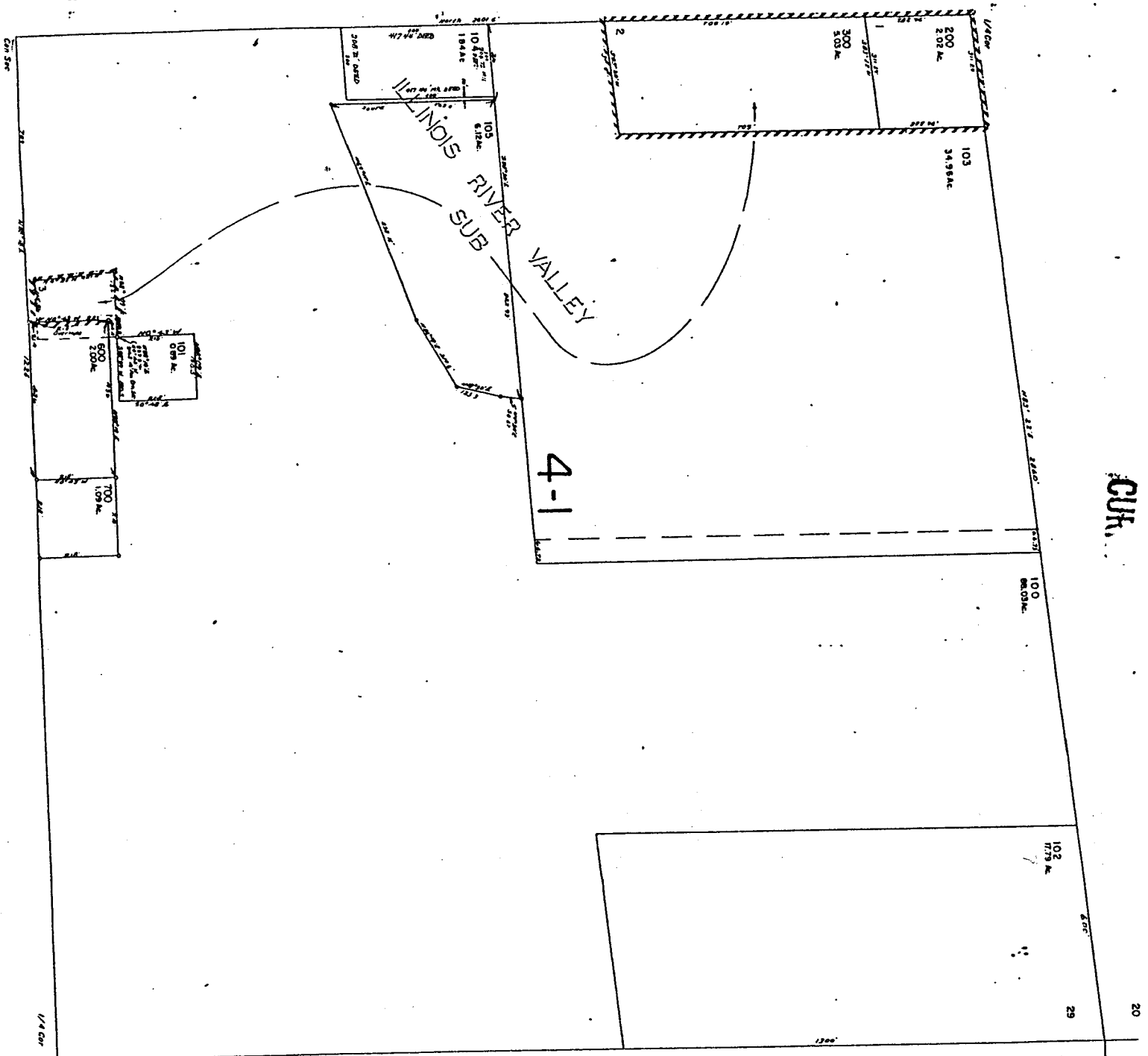
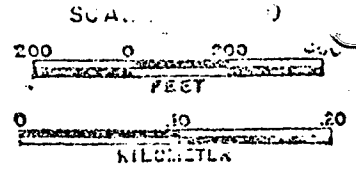
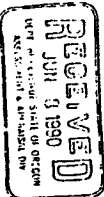
Material	From	To	SWL
Brown Sandy Soil	0	4	
Brown Clay & Boulders	4	22	
Broken Blue Claystone	22	75	52



Date started 8/30/05 Completed 8/30/05

(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.  
 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

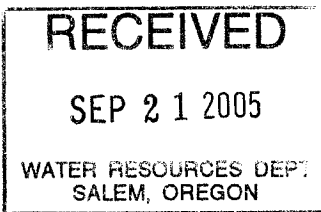
(bonded) Water Well Constructor Certification:  
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number 709  
 Signed \_\_\_\_\_ Date 9/12/05



CUK.

1" = 200'

20  
21 351 SA  
22 CANCELLED AND  
23 500  
24 400



351129A