

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

Desc  
 50355

(START CARD) # \_\_\_\_\_

**OWNER:** \_\_\_\_\_ Well Number: \_\_\_\_\_  
 Name Jerry Larson  
 Address 16725 Northridge Dr.  
 City Lebanon State OR Zip 97227

**(9) LOCATION OF WELL by legal description:**  
 County \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township \_\_\_\_\_ N or S, Range \_\_\_\_\_ E or W, W. \_\_\_\_\_  
 Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (for nearest address) \_\_\_\_\_

**(2) TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon  
**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

**(10) STATIC WATER LEVEL:**  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(4) PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval Yes  No  Depth of Completed Well 655 ft.  
 Yes  No   
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

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 \_\_\_\_\_

Material	From	To
<u>Black cylinders w/Plumice</u>	<u>625</u>	<u>655</u>
<u>Solid Stalps Plumice</u>	<u>655</u>	<u>670</u>

**(6) CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>6"</u>	<u>525</u>	<u>655</u>	<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"/>

Final location of shoe(s) \_\_\_\_\_

Date started 11-20-89 Completed 12-1-89

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>565</u>	<u>585</u>	<u>1/8</u>	<u>480</u>	<u>6"</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>635</u>	<u>655</u>					<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"/>

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my knowledge and belief.  
 Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
 Date \_\_\_\_\_

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 40 Drawdown 21 Drill stem at \_\_\_\_\_ Time 1 hr.  
 \_\_\_\_\_

**(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 work performed during this time is in compliance with Oregon construction standards. This report is true to the best of my knowledge and belief.  
 Signed Mike Hoban WWC Number 65  
 Date 12-26-89

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: \_\_\_\_\_