

**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 70638
START CARD # 166563

(1) LAND OWNER Well Number _____

Name JAN THERMAN
Address 55625 GATEHOUSE LANE
City SUNRIVER State OR Zip 97107

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

HOLE			SEAL		
Diameter	From	To	Material	From	To
10"	0	18'	3/4" HOLE	0	18'
6"	18'	312'	PLUG		

Sacks or pounds 12

How was seal placed: Method A B C D E
 Other 3 MIN. POUR/BAG

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"	+2'	310'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		434'		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
21	4'-6"		1 hr.

Temperature of water 46° Depth Artesian Flow Found _____

Was a water analysis done? Yes No By whom _____

Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NONE

Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County DESCH. Latitude _____ Longitude _____
Township 20 N or S Range 10 E or W. WM.
Section 24C SW 1/4 SW 1/4
Tax Lot 307 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 55625 GATEHOUSE LANE

(10) STATIC WATER LEVEL:
+2 ft. below land surface. Date 6-18-04
Artesian pressure 1/2 lb. per square inch Date 6-18-04

(11) WATER BEARING ZONES:

Depth at which water was first found 4'

From	To	Estimated Flow Rate	SWL
4'	11'	5+6pm	5'
311'	312'	216pm	+2'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4'	
GRAVEL	4'	11'	5'
BROWN CLAY	11'	311'	
PUMMY COARSE	311'	312'	+2'

RECEIVED

JUL 19 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-9-04 Completed 6-18-04

(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 Sam Chan WWC Number 1614
Date 6-25-04