

STATE OF OREGON
WATER SUPPLY WELL REPORT
(ORS 537.765 & OAR 690-205-0210)

DESC 59103

DESC 59103

WELL LABEL # L 104472
START CARD # 196674
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D.
First Name Steph Last Name Reth
Company _____
Address 41600 Hwy 20
City Brother State OR Zip 97712

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 340 ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	39	Dunit	0	39	48	500
16"	39	300					
10"	300	540					

How was seal placed: Method A B C D E
 Other 3/8 Dunit
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	39	.850	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____
Temperature 60' °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Desc Twp 22 N or S Range 21 E or W W.M.
Sec 8 NE 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 41600 Hwy 20
Brother OR 97712

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>3-25-10</u>			<u>175'</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 200

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-26-10</u>	<u>200</u>	<u>260</u>	<u>100+</u>			<u>175'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Tan clay	2	10
Sand gravel	10	15
tan clay STON	15	37
Block lava rock	37	200
Red Lava rock	200	220
Broken lava rock	220	340
tan clay STON	340	380
Blue Lava rock	380	420
Green lava rock	420	480
Blue Lava rock	480	540

Date Started 3-15-10 Completed 3-25-10

(unbonded) Water Well Constructor Certification
I certify that the construction, deepening, 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.

RECEIVED
AUG 17 2010

License Number _____ Date _____
Signed _____
WATER RESOURCES DEPT
SALEM, OREGON

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.

License Number 66541 Date 8-16-10
Signed _____
Contact Info. (optional) _____