

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

DESC 59316

WELL LABEL # L 107601
START CARD # 206727
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D.
First Name ELWOOD Last Name RALEY
Company
Address 690 CLAREMONT AV.
City CLATSOP State CA. Zip 93641

(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 38 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE

SEAL

Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0'	18'	BENTONITE	0'	18'	16	243
6"	18'	38'					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other POURED DRY

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

Casing Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
6"	6"	+	2'	38'	250	✓		✓	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method TORCH

Screens Type _____ Material _____

Perf	Scrn	Casing Liner	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X	X			33'	38'	1/8"	4"	20	
	X	X	5"	24'	38'	10/16"	2"	500	

(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 59 °F Lab analysis ☐ Yes By DRILLER

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County DESSAULTES Twp 22 N of S Range 10 E of W W.M.

Sec 19 D SW 1/4 of the SE 1/4 Tax Lot 5300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 50883 PAWN Loop

LA BENE, OR. 97239

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>7-21-11</u>			<u>20'</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 23'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-21-11</u>	<u>23'</u>	<u>38'</u>	<u>10 GPM.</u>			<u>20'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>BRN. SANDY SOIL</u>	<u>0'</u>	<u>2'</u>
<u>BRN. CLAY</u>	<u>2'</u>	<u>12'</u>
<u>BRN. CLAY CO. PL.</u>	<u>12'</u>	<u>23'</u>
<u>BRN. FINE SAND & GRAVEL</u>	<u>23'</u>	<u>38'</u>

RECEIVED

AUG 02 2011

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 7-19-11 Completed 7-21-11

(unbonded) Water Well Constructor Certification

I certify that the work I performed on 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.

License Number _____ Date _____

Signed _____

(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 15360 Date 7-26-11

Signed Larry M. Raley

Contact Info. (optional) _____

SEP 06 2011

WATER RESOURCES DEPT

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR SALEM, OREGON
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

STATE OF OREGON
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(ORS 537.765 & OAR 690-205-0210)

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RECEIVED AUG 02 2011 WATER RESOURCES DEPT SALEM, OREGON		

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