

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

DESC 59430 Desc
59430

WELL LABEL # L 103839 103893
START CARD # 183840
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company Department of State Land
Address 775 Summit St NW Ste 100
City Salem State OR Zip 97301

(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 440 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	23	Bent	0	23	38	
16"	23	440					

How was seal placed: Method A B C D E
 Other _____
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	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	23	.250	X		X	

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

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

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

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SALEM, OREGON

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1750 Drawdown 156 Drill stem/Pump depth _____ Duration (hr) 4hr
Temperature 53 °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 Desch Twp 21 N or S Range 20 E or W W.M.
Sec 34 NW 1/4 of the NW 1/4 Tax Lot 230
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 4660 Hwy 20
Brook OR 97712

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL(psi)	+	SWL (ft)
Completed Well	3-16-12			143'

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 240

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
2-20-12	240	240	50 gal			143'
2-23-12	396	399	1000 gal			
"	399	390	500 gal			
"	396	440	1000 gal			

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown Clay	0	19
Brannan Rock	19	140
Gray clay	140	240
Black loam Rock	240	320
Pumice	320	396
Gravel with Pumice	396	440

Date Started 2-20-12 Completed 2-23-12

(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 1654 Date 4-4-12
Signed _____
Contact Info. (optional)
Search Drilling Inc
Tom Search
541-576-2289