

WELL LABEL # L 111742

START CARD # 196694

**DRAFT**

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

(1) LAND OWNER  
Owner Well I.D. \_\_\_\_\_  
First Name DAVID Last Name ROTH  
Company \_\_\_\_\_  
Address P.O. Box 358  
City CHRISTMAS VALLEY State OR Zip 97641

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

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

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

(5) BORE HOLE CONSTRUCTION Special Standard:  Yes (attach copy)  
Depth of Completed Well 600 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	50"	Bent	0	50	96	5cr
18"	50	115					
16"	115	200					
6"	200	600					

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 \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	16"	+	1	118	.250	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	Scrnl	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)
1000		600	2.2

Temperature 60 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
County Desch Twp 22 N or S Range 20 E or W W.M.  
Sec 4 1/4 of the \_\_\_\_\_ 1/4 Tax Lot \_\_\_\_\_  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) 40105 Hwy 20  
Bellevue OR 97112

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				147
Completed Well	4-5-11			147

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)
	200	200	200			147

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
TOP Soil	0	2
Brown Clay	2	25
Gray Basalt	25	100
Sand Brown Dr	100	109
Basalt Brn	109	115
Gray Basalt	115	205
Sand gravel clay	205	280
Red gravel rock	280	320
Pumice with gravel sand concrete	320	600

Date Started 1-22-11 Completed 4-5-11

(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 1654 Date 7-14-11

Signed \_\_\_\_\_

Contact Info. (optional) \_\_\_\_\_

RECEIVED BY OWRD

AUG 01 2014