

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

APR 01 2017  
WELL LABEL # L 115929  
START CARD # 209719  
SALEM, OR

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 PO BOX 358  
City CHRISTMAS State OREGON 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 500 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	34	Bent	0	34	85	500
16"	34	500					
			calculated			45	500

How was seal placed: Method  A  B  C  D  E  
 Other Bent 315  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	34	.25"	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	Lnr	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 1500 Drawdown \_\_\_\_\_ Drill stem/Pump depth 500 Duration (hr) 1.5

Temperature 52 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
County DECATUR Twp 22 N or S Range 20 E or W W.M.  
Sec 9 S 1/4 of the 22 1/4 Tax Lot 80-1  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 40105 Hwy 20  
Breithorn OR 97641

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>3-10-15</u>			<u>152</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 190

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-10-15</u>	<u>150</u>	<u>190</u>	<u>25+</u>			<u>152</u>
	<u>460</u>	<u>500</u>	<u>200+</u>			<u>152</u>

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

Material	From	To
<u>TOP SOIL</u>	<u>0</u>	<u>2</u>
<u>GRAVELLY SAND</u>	<u>2</u>	<u>190</u>
<u>CONGLOMERATE</u>	<u>190</u>	<u>460</u>
<u>DRY BLACK LAM</u>	<u>460</u>	<u>500</u>
<u>ROCK</u>		

Date Started 2-28-15 Completed 3-10-15

(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 10501 Date \_\_\_\_\_  
Signed \_\_\_\_\_  
Contact Info. (optional) \_\_\_\_\_