

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

JAN 18 2017

APR 01 2016

WELL LABEL # L 119761

START CARD # 211197

SALEM, OR

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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 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
10"	0	24	BENT	0	24	75	scm
16"	220	220					
10	220	600'	calculated			18	scm

How was seal placed: Method A B C D E
 Other 3/8 Bent from 3 min
 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	24	.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	Scr	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 600' Duration (hr) 1hr

Temperature 50 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Dech Twp 22 N or S Range 20 E or W W.M.
 Sec 9 1/4 of the SW 1/4 Tax Lot 804
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 40105 Hwy 20
Bothe OR 97712

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>11-15-14</u>			<u>147'</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 195

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>195</u>	<u>200</u>	<u>25+</u>			<u>147'</u>
	<u>360</u>	<u>370</u>	<u>500+</u>			<u>147'</u>
	<u>580</u>	<u>660</u>	<u>1000+</u>			<u>147'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP So. L	0	2
Grey Lava Rock	2	65
Blue Clay	65	105
CONGLOMERATE	105	265
Brown Sandstone	265	312
Red Lava Rock	312	320
Brown Sandstone	320	360
Gravel Pump	360	370
Brown Sandstone	370	580
Black Brown mud	580	600
NEED		

Date Started 10-15-14 Completed 11-15-14

(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 12-16-14
 Signed _____
 Contact Info. (optional) _____