

DESC 60756

(1) LAND OWNER  
First Name DAVE Owner Well I.D. \_\_\_\_\_ Last Name BANKER  
Company \_\_\_\_\_  
Address 40105 Hwy 20  
City Brother State OR Zip 97712

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

(2a) PRE-ALTERATION  
Casing: 

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

  
Material From To Amt sacks/lbs  
Seal: \_\_\_\_\_

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

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

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 500 ft.

BORE HOLE			SEAL			Amt lbs
Dia	From	To	Material	From	To	
24"	0	50	Bent	0	50	80
16"	50	500				50
						80
						50

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE  
Proposed Amount \_\_\_\_\_ Pounds Actual Amount \_\_\_\_\_ Pounds

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	16"	+	1	50	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"	+	-2	220	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

  
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/S Casing/ Screen  
reen Liner Dia From To Scrn/slot Slot # of Tele/  
width length slots pipe size  

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(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  

2000		500	hr 2
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Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount  
From To Description Amount Units  

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(9) LOCATION OF WELL (legal description)  
County Desch Twp 22 N/S Range 20 E/W WM  
Sec 9 NE NE 1/4 of the NE 1/4 Tax Lot 803  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

40105 Hwy 20 Brother OR 97712

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 6-2-16 \_\_\_\_\_ 147  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 199

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
5-20-16	280	280 ±	500		147
6-2-17	280	500	2000		147

(11) WELL LOG Ground Elevation \_\_\_\_\_  
Material From To  
Top Soil 0 2  
Gray Clay 2 55  
Gray 13% Salt 55 200  
Brown sand stone 200 400  
Black silt 400 500  
  
RECEIVED BY OWRD RECEIVED BY OWRD  
OCT 24 2016 JAN 18 2017  
SALEM, OR SALEM, OR

Date Started 3-7-16 Completed 6-2-16

(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 [Signature]

(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 9-2-16  
Signed [Signature]  
Contact Info (optional) \_\_\_\_\_