

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

DESC 942 AMENDED
DESC 942 DEPTH
 11-27-12

155/10E/4 bc
 (START CARD) # **33232**

(1) OWNER: Well Number: _____
 Name Gordon Stangland
 Address 2580 Coldsprings Rd
 City Placerville State Ca. Zip 95667

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 95' ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12"	0 20	Bentonite	0 20	12 Sacks
7 7/8"	20 95			

How was seal placed: Method A B C D E
 Other Poured in Dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	20	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-5	95	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:
 Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
55	95	1/8x3	512			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 60 Drawdown 0 Drill stem at 90 Time 1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Desch Latitude _____ Longitude _____
 Township 15 Nor. S. Range 10 E or W. W.M.
 Section 4 SW 1/4 NW 1/4
 Tax Lot 310 Lot 6 Block 2 Subdivision _____
 Street Address of Well (or nearest address) Trapper Point

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 6-20-9
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 65

From	To	Estimated Flow Rate	SWI
65	95	60	6-

(12) WELL LOG: Ground elevation _____

Material	From	To	SWI
Sand & small Gravel	0	4	
Brown sand	4	15	
lava	15	23	
Sand & small Gravel	23	37	
Tan Clay stone Congl	37	65	
course black sand	65	95	

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DEC 05 2012 WATER RESOURCES DEPT
 SALEM, OREGON

SALEM, OR

Date started 6-20-91 Completed 6-20-91

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 125
 Signed William D. Allen Date _____

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WATER WELL REPORT
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DESC 942

155/10E/4 bc

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 City Placerville State Ca. Zip 95167

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HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
	<u>12</u> <u>0</u> <u>20</u>	<u>Bentonite</u>	<u>0</u> <u>12</u>	<u>12 Sacks</u>	
	<u>7 7/8</u> <u>20</u> <u>95'</u>				

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Liner: <u>6"</u>	<u>-5</u>	<u>95</u>	<u>188</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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<u>Tan Clay Stone Congl</u>	<u>37</u>	<u>65</u>	
<u>course black sand</u>	<u>65</u>	<u>95</u>	

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JUL 03 1991

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 6-20-91 Completed 6-20-91

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 Signed _____ WWC Number _____
 Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed William D. Kern WWC Number 1255
 Date _____