

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

DOUG RECEIVED
1943

JUN - 2 1995

26s/3w/11ab

WATER RESOURCES DEPT. (START CARD) # 72965

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

(1) OWNER: Well Number _____

Name Shannon & Charles Loring
Address P.O. Box 347
City Idleld Park State OR Zip 97447

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 203 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	45	Cement	0	45	15 sacks
6	45	203				

How was seal placed: Method A B C D E
 Other _____
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:	6	+1	46	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	3	203	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 45 ft.

(7) PERFORATIONS/SCREENS:

Perforations Method saw cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	180	1/8x5	72	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20		200	1 hr.

Temperature of water 52° 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: _____

SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County Douglas Latitude _____ Longitude _____
Township 26 N of S Range 3 E or (W.) WM.
Section 11A NW 1/4 NE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 23834 N. Umpqua Hwy.
Idleld Park, OR

(10) STATIC WATER LEVEL:
_____ 0 ft. below land surface. Date 4/26/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 172 ft.

From	To	Estimated Flow Rate	SWL
172	173	20	0

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown clay	0	39	
Green basalt w/black andisite & quartz	39	203	0

Date started 4/26/95 Completed 4/26/95

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1284 Date 5/15/95

DOUG 1943

For Official Use Only by The Oregon Water Resources Department:

Received Date: _____ County Well Log ID # DOUG 1943 Well Identification Tag # L 81303

WELL IDENTIFICATION APPLICATION FORM

INSTRUCTIONS ARE IN THE ACCOMPANYING "DEAR LANDOWNER" LETTER. FOR SHARED WELLS PLEASE SEE THE 3RD PARAGRAPH FROM THE TOP IN THE LETTER. Your ID Tag will be mailed out in approximately 10 days from the date we receive your application.)

****BUYER OR CURRENT LANDOWNER** (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here.)

Landowner's or Buyer's Name: Jessica Matheson / Sydney Bryan
Mailing Address: P.O. Box 98
City: Idley Park State: OR Zip: 97447 Phone: (541) 496-0088

****WELL LOCATION:**

County: Douglas Well # _____ (if multiple wells exist on same property-ie: well #1, #2, etc.)
Township: 26 North or South, Range: 3 East or West Section: 11A, _____ 1/4 _____ 1/4
(circle one) (circle one) (If known)
Tax Lot #: 400 Type of Well: water supply? domestic monitoring? _____
(Not the same as the tax acct. #) (Ex: domestic or irrigation use) (Ex: monitoring water for contaminants)
Address of Well: 23834 Wathbopqua Hwy Idley Park, OR 97447
(Number) (Street) (City) (Zip)

(Optional): Does this well have a formal water right associated with it? Yes: _____ No: (X)
(If unknown you may want to contact the Water Rights Group at 503-986-0945 for research)

If Yes: Application #: _____ Permit #: _____ Certificate #: _____
(Optional): Latitude _____ Longitude _____ (May sometimes be obtained from Well Log Report)

****WELL INFORMATION:** (Important note: If attaching a well log you obtained from our web-site please be certain that you have the correct log. Simply matching the tax lot number isn't enough. See attached instructions for assistance. If a well report is not available please complete as much of the following as possible, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowner names can be obtained from the County Assessor - see instructions.)

Start Card # from well log report if known: 72965 Approx. Well Construction Date: 1995

Well Constructor if known: Doug Schottenknecht

Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed - contact your county assessor for list)

Shannon + Charles Lorenz
Well Depth (in feet): 203 Static Water Level (in feet): 0 Diameter of Exposed Well Casing (in inches): _____

Please Return Completed Form to: Well ID Program, Oregon Water Resources Department SALEM, OR
725 Summer St. NE, Suite A, Salem, OR 97301-1271, or fax to 503-986-0902 (App10-03)

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AUG 14 2012