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SEP 23 1997

STATE OF OREGON
WATER SUPPLY WELL REPORTS DEPT. OF WATER RESOURCES
(as required by ORS 537.765)

WELL I.D.# U14792

(START CARD) # 94975

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

(1) OWNER: Well Number _____
Name Charles & Marilyn Newell
Address 5624 Eagle Valley Rd
City Doncalla State OR Zip 97149

(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 140 ft.
Explosives used Yes No Type _____ Amount _____

Diameter		From		To		Material		From		To		Sacks of pounds
10"	6"	0'	18'	18'	140'	Bentonite	0'	18'	18'	140'	8	

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"	+2'	18'	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 18 Drawdown _____ Drill stem at 140' Time 1 hr.

Temperature of water 57° 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 Douglas Latitude 43°32'50"N Longitude 123°16'83"W
Township 23 N or S Range 5 E or W WM.
Section 27 1/4 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7160 Goodrich Hwy Oakland, OR 97462

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 7-23-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
90	92	10 Gpm	50
115	120	8 Gpm	50

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	2	
Brown Sandstone	2	10	
Blue Sandstone	10	140	50

Date started 7/23/97 Completed 7/23/97
(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.
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. 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.
WWC Number 1553
Signed Jeffrey Hardwick Date 7/23/97