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MAY 20 1999

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 28119
START CARD # 119549

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

(1) OWNER: Well Number _____
Name Wallace Cegavske
Address 425 SE Jackson
City Roseburg State OR Zip 97470

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Cement	0	19	6 sacks
6	19	180				

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	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4	5	180	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
60	160	1/8x5	120	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 33 Drawdown _____ Drill stem at 175 Time 1 hr.

Temperature of water 54° 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 _____ Longitude _____
Township 27 N or S Range 5 E of W. WM.
Section 30 SW 1/4 NW 1/4
Tax Lot 406 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Booth Ave. (Parcel 6)
Roseburg, OR

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 12 lb. per square inch. Date 3/12/99

(11) WATER BEARING ZONES:
Depth at which water was first found 158 ft.

From	To	Estimated Flow Rate	SWL
158	160	33	0

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
F111	0	9	
Shale	9	11	
Basalt	11	138	
Blue claystone (soft)	138	158	
Broken basalt	158	180	

Date started 3/11/99 Completed 3/12/99

(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 _____ Date _____ WWC Number _____

(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 *Doug Skott* WWC Number 1284 Date 5/18/99