

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

DOUG  
 51852

WELL I.D. # L 32635  
 START CARD # 122080

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

(1) OWNER: Well Number \_\_\_\_\_  
 Name Paul Tompkins  
 Address 643 John Long Rd  
 City Oakland State OR Zip 97462

(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 200 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
		<u>Seal Not Duster load</u>			
	<u>6"</u>	<u>80200</u>			

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

	Pump	Bailer	Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time	
<u>5</u>	<u>188</u>	<u>200</u>	<u>1 hr.</u>	<input type="checkbox"/>

Temperature of water 58° 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°32'20" Longitude 123°17'39"W  
 Township 83 N of S Range 05 E of W.W.M.  
 Section 28 1/4 1/4  
 Tax Lot 3697 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 643 John Long Rd  
Oakland OR 97462

(10) STATIC WATER LEVEL:  
12 ft. below land surface. Date 7-13  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL
<u>ORIGINAL WATER</u>		<u>5</u>	<u>12</u>

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Gray Green Sandstone</u>	<u>80</u>	<u>200</u>	<u>12</u>

**RECEIVED**

JUL 30 1999

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 7-13 Completed 7-13

(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 Mike W WWC Number 1564 Date 7-14-99

(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 Alfred Anderson WWC Number 1553 Date 7-14-99