

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

(WELL I.D.)# **L 62093**

(START CARD) # **154808**

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

(1) OWNER: Umpqua Community Center Well Number **2**

Name Umpqua Community Center

Address 806 Hubbard Creek Road

City Umpqua State OR Zip 97486

(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 **143** ft.

Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	40	Cement	0	40	34 sacks
6	40	143				

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	40	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4'	3	143	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **40 ft.**

(7) PERFORATIONS/SCREENS:

Perforations Method saw cut

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	120	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 **10** Drawdown \_\_\_\_\_ Drill stem at **140** 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 25 S Range 7 W WM.

Section 25 SW 1/4 SE 1/4

Tax Lot 1100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address) 806 Hubbard Creek Road

Umpqua, OR

(10) STATIC WATER LEVEL:

**16** ft. below land surface. Date **6/19/03**

Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

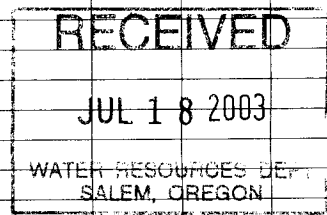
Depth at which water was first found **21 ft.**

From	To	Estimated Flow Rate	SWL
(Sealed Off) 21	26	50	14
73	74	2	16
117	118	6	16
135	136	2	16

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown soil	0	7	
Brown clay	7	9	
Brown clay med. gravels	9	21	
Med. sand & gravels	21	26	14
Med. sandstone	26	143	16



Date started **6/17/03** Completed **6/19/03**

(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 **1284**

Signed \_\_\_\_\_ Date **6/23/03**