

RECEIVED

DOUG 53511

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

SEP 25 2003

WATER RESOURCES DEPT

Instructions for completing this report are on back of Oregon form

WELL I.D. # L 60128
START CARD # 146961

(1) LAND OWNER

Name Brian Packmays Well Number 160128
Address 1060 Spring Brook Rd
City Myrtle Creek State Ore. Zip _____

(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 185 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10 in	0	24	Gravel	10	24	10 SACKS
6 in	24	185	Cement	0	10	3 SACKS

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 in	+2	28	1/4	☒	☐	☒	☐
Liner: 4 in	-1	185		☐	☒	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 28

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SAW
☐ Screens Type PVC Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
155	185	1/8	60	4 in		☐	☒

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing

Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

6 GPM 90 FT 90 FT 1 hr.Temperature of water 57 Depth Artesian Flow Found 180Was 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 29 N or S Range 5 W E or W. WM.
Section 15 1/4 SE-SE 1/4
Tax Lot 1700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1060 Spring Brook Rd.

(10) STATIC WATER LEVEL:

10 ft. below land surface. Date 9-19-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 180

From	To	Estimated Flow Rate	SWL
180	182	6 GPM	10

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown sandy silt	0	3	
Cobbles-Brown sand silt	3	10	10
Broken shale	10	17	
Shale Grey	17	24	
Grey shale	24	85	
Brown shale	85	105	
CONGLOMERATE	105	180	
Grey shale	180	185	

Date started 8-15-03 Completed 9-19-03

(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.

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 David Johnson WWC Number 1802 Date 9-19-03