

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

(WELL I.D.)# **L 72819**
 (START CARD) # **166899**

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

(1) OWNER: Well Number 1
 Name **Norway Development**
 Address **13014 Clackamas River Dr**
 City **Oregon City** State **OR** Zip **97045**

(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"	0	19	Bentonite	0	19	7 sacks	
6"	19	185					

How was seal placed: Method A B C D E
 Other **poured dry**
 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	185	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **19 ft.**

(7) PERFORATIONS/SCREENS:

Perforations Method **saw cut**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	180	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	Drawdown	Drill stem at	Time
27		180	1 hr.

Temperature of water **49** 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 **26 S** Range **5 W** WM. _____
 Section **31 NE** 1/4 **SW** 1/4
 Tax Lot **1200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **New Development - Roseburg Orchard Tracts Roseburg, OR**

(10) STATIC WATER LEVEL:
 _____ **120** ft. below land surface. Date **9/15/04**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **152 ft.**

From	To	Estimated Flow Rate	SWL
152	155	27	120

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Shale	0	7	
Broken basalt	7	9	
Basalt (med. hard)	9	152	
Broken basalt	152	155	120
Basalt (med. hard)	155	185	

RECEIVED

OCT 01 2004

WATER RESOU. DEPT.
 SALEM, OREGON

Date started **9/15/04** Completed **9/15/04**

(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 **9/26/04**