

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

DOUG  
53992

(WELL I.D.)# L 77231  
(START CARD) # 171122

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

(1) OWNER: Well Number **4A**  
Name **Norway Development**  
Address **PO Box 387**  
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 **245** ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	44	Bentonite	0	44	15 sacks
6"	44	245				

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 \_\_\_\_\_

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	6"	+1	44	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	5	245	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **44 ft.**

(7) PERFORATIONS/SCREENS:  
 Perforations Method **saw cut**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	220	1/8x5	96	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 **240** Time **1 hr.**

Temperature of water **52** 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 SW** 1/4 **SW** 1/4  
Tax Lot **1300** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) **Kenneth Ford Dr**  
**Roseburg, OR**

(10) STATIC WATER LEVEL:  
**55** ft. below land surface. Date **5/12/05**  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found **216 ft.**

From	To	Estimated Flow Rate	SWL
216	217	4	140
227	228	6	140

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

Material	From	To	SWL
Brown clay	0	4	
Shale	4	38	
Marine basalt	38	119	
Blue claystone	119	154	
Marine basalt	154	245	140

**RECEIVED** **RECEIVED**

JUN 16 2005 AUG 12 2005

WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON

Date started **5/12/05** Completed **5/12/05**  
(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 **5/27/05**