

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 99931

START CARD # 201185

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

(1) LAND OWNER Owner Well I.D.  
First Name Albert Last Name Rudtn  
Company Kellogg Springs Camp  
Address 1111 Kellogg Springs Camp Ln  
City Oakland State OR Zip 97462

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/Commercial  Livestock  Dewatering  Injection  
 Thermal  Other

(5) BORE HOLE CONSTRUCTION Special Standard:  Yes (attach copy)  
Depth of Completed Well 364 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0	59	Cement	59	47	5	scks
6"	59	364	Bentonite	47	0	22	scks

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite Poured Dry  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	6"	+	0	59	250	X		X	
X	4"		0	364	2 1/2				

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method SKILSAW  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X			X		0	364	1/8"	4"	450	4"

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 8 Drawdown \_\_\_\_\_ Drill stem/Pump depth \_\_\_\_\_ Duration (hr) \_\_\_\_\_

Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) APR 06 2010  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_  
WATER RESOURCES DEPT  
SALEM, OREGON

(9) LOCATION OF WELL (legal description)  
County Douglas Twp 23 N or S 0 Range 7 E or W W.M.  
Sec 33 SW 1/4 of the NE 1/4 Tax Lot 500  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) Same

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>6/4/09</u>			<u>33</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
WATER BEARING ZONES Depth water was first found 65'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6/4/09</u>	<u>65</u>	<u>70</u>	<u>1 GPM</u>			<u>33</u>
<u>6/4/09</u>	<u>98</u>	<u>102</u>	<u>7 GPM</u>			<u>33</u>

Material	From	To
<u>Topsoil</u>	<u>0</u>	<u>1</u>
<u>Brown Clay</u>	<u>1</u>	<u>28</u>
<u>Brown Claystone</u>	<u>28</u>	<u>39</u>
<u>Gray Sandstone</u>	<u>39</u>	<u>364</u>

**RECEIVED**  
JUL 06 2009  
WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 6/1/09 Completed 6/4/09

(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, 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.  
License Number 1562 Date 7/1/09  
Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, 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.  
License Number 1562 Date 7/1/09  
Signed Sean C. O'Leary  
Contact Info. (optional) \_\_\_\_\_