

STATE OF OREGON  
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 115301

START CARD # 209994

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

1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company Kellogg Springs Camp  
Address 1111 Kellogg 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 260' ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount Scks/lbs
10"	0	80	Bentonite	0	50	38 scks
6"	80	142				
5"	142	260				

How was seal placed: Method  A  B  C  D  E

Other Poured and tamped

Backfill placed from 80 ft. to 50 ft. Material Bentonite

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	1/2	126 1/2	.250	X		X	

Shoe  Inside  Outside  Other Location of shoe(s) 126 1/2

Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min 15 G.P.M. Drawdown \_\_\_\_\_ Drill stem/Pump depth 260' Duration (hr) 2 hrs.

MAY fluctuate

Temperature 54° °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Douglas Twp 23 N 0 Range 7 E or W.M.  
Sec 33 1/4 of the \_\_\_\_\_ 1/4 Tax Lot 500  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 43.52711 DMS or DD  
Long \_\_\_\_\_ " or 123.53362 DMS or DD

Street Address of Well (or nearest address) 1111 Kellogg Camp Ln. Oakland, OR. 97462

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>7-14-14</u>			<u>108'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 130

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-14-14</u>	<u>130</u>	<u>148</u>	<u>15 G.P.M.</u>			<u>108'</u>

MAY fluctuate

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Clay yellow - Broken Rock	0	12
Void	12	15
Weathered - Sandstone	15	47
Soft		
Void	47	60
Weathered - Sandstone	60	96
Broken - Soft		
Sandstone - Medium	96	102
Weathered - Sandstone	102	148
Water Bearing		
Sandstone - soft Grey	148	150
Sandstone - Grey	150	200
" " Soft	200	202
Sandstone - Hard	202	260

Date Started 7-9-14 Completed 7-14-14

(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 construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

RECEIVED BY OWRD

License Number \_\_\_\_\_ Date AUG 04 2014

Signed \_\_\_\_\_ SALEM, OR

(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 1686 Date 7-31-14

Signed Todd Moore

Contact Info. (optional) \_\_\_\_\_