

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

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

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WELL I.D.# 633406

JUN 28 1999

(START CARD) # 89529

(1) OWNER:

Name Daniel L. Harold
Address HCR 58 Box 10
City Long Creek State Or Zip 97856

Well Number

WATER RESOURCES
SALEM, OREGON

LOCATION OF WELL by legal description:

County Grant Latitude _____ Longitude _____
Township 7 N or S Range 29 E or W. WM.
Section 25 SW 1/4 NE 1/4
Tax Lot 5300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) County Rd 15
6 miles west of Ritter Or

(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 534 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
<u>6"</u>	<u>430</u>	<u>534</u>	<u>seal already in place</u>			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other N/A

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: <u>8"</u>	<u>+1</u>	<u>30</u>	<u>250</u>	☒	☐	☒	☐
<u>splitting casing</u>				☐	☐	☐	☐
Liner: <u>N/A</u>				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method N/A
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>N/A</u>						☐	☐

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(8) WELL TESTS: Minimum 1 hour

WATER RESOURCES
SALEM, OREGON

Yield gal/min	Drawdown	Drill stem at	Time
<u>4</u>	<u>500</u>	<u>500</u>	<u>1 hr.</u>

Temperature of water 48 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: _____

(10) STATIC WATER LEVEL:

42 ft. below land surface. Date 6-9-99

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 516

From	To	Estimated Flow Rate	SWL
<u>516</u>	<u>518</u>	<u>3</u>	<u>42</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Gray Basalt Hard</u>	<u>430</u>	<u>473</u>	<u>42</u>
<u>Basalt Brown + green</u>	<u>473</u>	<u>490</u>	
<u>seams Med Hard</u>			
<u>Basalt Black Hard</u>	<u>490</u>	<u>500</u>	
<u>Basalt Reddish Brown</u>	<u>500</u>	<u>505</u>	
<u>Med Hard</u>			
<u>Basalt Black Hard</u>	<u>505</u>	<u>516</u>	
<u>Basalt Fractured</u>	<u>516</u>	<u>518</u>	
<u>Black Med Hard</u>			
<u>Water Bearing</u>			
<u>Basalt Black Hard</u>	<u>518</u>	<u>534</u>	

Date started 6-6-99 Completed 6-9-99

(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 1606

Signed John Marcial Date 6-9-99