

STATE OF OREGON
WATER SUPPLY WELL REPORT

GRAN 51018

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WELL LABEL # L 98044
START CARD # 197298
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D. _____
First Name Bill Last Name Dugn
Company _____
Address 1402 Grant St.
City Granite State OR. Zip 97877

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION; Well Depth 170 ft.
Seal Material Cement
Casing Type: Steel Plastic Other _____
Casing Gauge .250 Casing Diameter 6"

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

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

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

BORE HOLE			SEAL				Amount	Scks/lbs
Dia	From	To	Material	From	To			

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		<u>4 1/2</u>		<u>120</u>	<u>160</u>	<u>SDR26</u>			<input checked="" type="checkbox"/>	

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

(7) PERFORATIONS/SCREENS
Perforations Method Slotted pipe
Screens Type SDR 26 Material PVC

Perf	Scrn	Csng	Lintr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>4 1/2</u>	<u>120</u>	<u>160</u>	<u>1/4</u>	<u>8</u>	<u>60</u>	<u>4 1/2</u>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 18 Drawdown 138 Drill stem/Pump depth 180 Duration (hr) 3hr

Temperature _____ °F Lab analysis Yes No
Water quality concerns? Yes (describe below) _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Grant Twp 9 N or S Range 35.5 W or W.M.
Sec 4 SE 1/4 of the NE 1/4 Tax Lot 501
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Near the corner of Main & Grant North of Intersection.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>11-16-09</u>			<u>42</u>
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Broken Blue Rock</u>	<u>170</u>	
<u>green clay</u>		<u>180</u>
<u>Cleaned well to 180' bottom 20' cased then installed 4 1/2" PVC well casing SDR 26</u>		

RECEIVED
DEC 18 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-16-09 Completed 11-18-09

(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 _____ Date _____
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 1816 Date 12-10-09
Signed [Signature]
Contact Info. (optional) _____

541-519-0618