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WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.# L16801

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

(START CARD) # 098458

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

(1) OWNER: Well Number _____

Name Don Wells

Address 10201 SW Lyons Drive

City Culver State OR Zip 97734

(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 140 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
18	0	20	bentonite	0	20	15 sacks

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

☒ Other poured dry and tamped

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:	14	+1	101	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method factory cut

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	101	1/8x4	10900	14		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100	2ft		1 hr.

Temperature of water 58 Depth Artesian Flow Found _____

Was a water analysis done? no ☐ 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 Harney Latitude _____ Longitude _____

Township 123 S N or S Range 33 E E or W. WM.

Section 2 NW 1/4 SW 1/4

Tax Lot 300 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Crane-Buchanan Rd

(10) STATIC WATER LEVEL:

16 ft. below land surface. Date 8-14-97

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
35	95	500	16

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sandy loom topsoil	0	2	
Clay sand brn	2	15	
Clay gravel	15	35	
Sand gravel	35	42	16
Gravel med large	42	58	16
Sand clay	58	61	16
Clay green (caving)	61	65	16
Clay tan	65	69	16
Sand brn	69	95	16
Clay tan swelling	95	140	16

Date started 8-7-97 Completed 8-14-97

(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 1424

Signed Timothy K. Riley Date 8-17-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER