

RECEIVED

## STATE OF OREGON

## WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

APR 19 2002

WELL I.D. # L 51622  
START CARD # 129272

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

## (1) LAND OWNER

Name Lee Davies  
Address P.O. Box 3005  
City Princeton State Or Zip 97721

## (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 135 ft.Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE      |           |            | SEAL          |          |           | Sacks or pounds |
|-----------|-----------|------------|---------------|----------|-----------|-----------------|
| Diameter  | From      | To         | Material      | From     | To        |                 |
| <u>20</u> | <u>0</u>  | <u>21</u>  | <u>Benton</u> |          |           |                 |
|           |           |            | <u>sement</u> | <u>0</u> | <u>21</u> | <u>26</u>       |
| <u>16</u> | <u>21</u> | <u>75</u>  |               |          |           |                 |
| <u>12</u> | <u>75</u> | <u>135</u> |               |          |           |                 |

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☐ Other \_\_\_\_\_

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>16</u> | <u>12</u> | <u>21</u> | <u>1250</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|         |           |           |           |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |           |           |           |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |           |           |           |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Liner:  |           |           |           |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |           |           |           |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Drive Shoe used ☐ Inside ☐ Outside ☒ NoneFinal location of shoe(s) 21

## (7) PERFORATIONS/SCREENS:

☐ Perforations Method \_\_\_\_\_☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing ☐ Artesian

| Yield gal/min | Drawdown   | Drill stem at | Time         |
|---------------|------------|---------------|--------------|
| <u>2000</u>   | <u>100</u> | <u>131</u>    | <u>3</u> hr. |
|               |            |               |              |
|               |            |               |              |

Temperature of water 64 Depth Artesian Flow Found \_\_\_\_\_Was a water analysis done? ☒ No ☐ Yes By whom \_\_\_\_\_Did any strata contain water not suitable for intended use? ☒ No ☐ Too little☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other \_\_\_\_\_

Depth of strata: \_\_\_\_\_

## (9) LOCATION OF WELL by legal description:

County Hurley Latitude \_\_\_\_\_ Longitude \_\_\_\_\_Township 27S N or S Range 34E E or W. WM.Section 12 NW 1/4 SE 1/4Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_Street Address of Well (or nearest address) 1745 Hwy 78Princeton, Or 97721

## (10) STATIC WATER LEVEL:

25 ft. below land surface.Date 4-8-02

Artesian pressure \_\_\_\_\_ lb. per square inch

Date \_\_\_\_\_

## (11) WATER BEARING ZONES:

Depth at which water was first found 67

| From       | To         | Estimated Flow Rate | SWL       |
|------------|------------|---------------------|-----------|
| <u>67</u>  | <u>88</u>  | <u>500</u>          | <u>29</u> |
| <u>106</u> | <u>117</u> | <u>1000</u>         | <u>29</u> |
| <u>128</u> | <u>134</u> | <u>500</u>          | <u>29</u> |
|            |            |                     |           |
|            |            |                     |           |

## (12) WELL LOG:

Ground Elevation \_\_\_\_\_

| Material                | From       | To         | SWL       |
|-------------------------|------------|------------|-----------|
| <u>Top Soil</u>         | <u>0</u>   | <u>4</u>   |           |
| <u>Brown Clay</u>       | <u>4</u>   | <u>14</u>  |           |
| <u>Brown Sand</u>       | <u>14</u>  | <u>16</u>  |           |
| <u>Hard Grey Basalt</u> | <u>16</u>  | <u>67</u>  |           |
| <u>Vesicular</u>        |            |            |           |
| <u>Brown Grey</u>       |            |            |           |
| <u>Basalt (w/ly)</u>    | <u>67</u>  | <u>88</u>  | <u>29</u> |
| <u>Hard Grey Basalt</u> | <u>88</u>  | <u>106</u> | <u>29</u> |
| <u>Vesicular Red</u>    |            |            |           |
| <u>+ Brown Basalt</u>   |            |            |           |
| <u>w/ Brown Clay</u>    | <u>106</u> | <u>117</u> | <u>29</u> |
| <u>Hard Grey Basalt</u> | <u>117</u> | <u>128</u> | <u>29</u> |
| <u>White Clay</u>       |            |            |           |
| <u>Brown Basalt</u>     | <u>128</u> | <u>134</u> | <u>29</u> |
| <u>Hard Grey Basalt</u> | <u>134</u> | <u>135</u> | <u>29</u> |
|                         |            |            |           |
|                         |            |            |           |
|                         |            |            |           |

Date started 4-1-02 Completed 4-8-02

## (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 1321Signed Donald M. Reed Date 4-8-02