

(as required by ORS 537.765)

WELL I.D. # L 5 / 42-3
START CARD # 129773

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

Name Lawrence Davies
Address P.O. Box 3005
City Princeton State On Zip 97721

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

☐ Other☐ Thermal ☐ Injection ☐ Livestock ☐ Other.Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
21	0	30	Concrete	0	30	34
12	30	165	-			

☐ Other

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
----------	------	----	-------	-------	---------	--------	----------

Casing:	16	+2	30	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

☐ Perforations Method _____☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

Yield gal/min	Drawdown	Drill stem at	Time
---------------	----------	---------------	------

1000	130	137	2
------	-----	-----	---

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$	$\frac{1}{2} \times \frac{1}{4} = \frac{1}{8}$	$\frac{1}{4} \times \frac{1}{4} = \frac{1}{16}$	$\frac{1}{2} \times \frac{1}{16} = \frac{1}{32}$
--	--	---	--

Temperature of water 61 Depth Artesian Flow Found _____

Was a water analysis done? ☒ No ☐ Yes By whom

Did any strata contain water not suitable for intended use? 150 ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

Street Address of Well (or nearest address) M P 45 Hwy 78

Artesian pressure _____ lb. per square inch Date _____

Depth at which water was first found 29

From	To	Estimated Flow Rate	SWL
79	88	300	300
88	165	700	29
			29

Ground Elevation _____

[illegible]

Date started 4-9-02 Completed 4-18-02

(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.

Signed _____ WWC Number _____
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.

Signed Daniel D. Keel WWC Number 1521
Date 4-13-02



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D. Number.

I. OWNER INFORMATION

Current Owner Name (please print): LOW DAVIES
Mailing Address: P.O. Box 3005
City: PRINCETON State: OR Zip: 97721
Mailing Address (to send Well I.D.): _____
City: _____ State: _____ Zip: _____
Phone 541-493-2693

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 21 (North ☒ South) Range: 34 (East ☒ West) Section: 18
Tax Lot: _____ County: _____ 1/4 _____ 1/4
Street Address of Well: _____ City: _____
Owner at time the well was constructed, (if known): LOW DAVIES
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____
Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____
Other Information: ORIGINAL TAG 51623 DESTROYED PER L.O.
ASSIGNED NEW TAG
SUBMITTED BY (please print): _____
PHONE: _____ FAX: _____

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date: _____

Well Log Number: _____

Well Identification #: _____

HARN 50793

101632