## STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

APR 01 2016

WELL LABEL # L	115916
WELL LABEL # L	1157

May start card # 21195 Instructions for completing this report are on the last page of this form. SALEM OR (1) LAND OWNER Owner Well I.D.

Last Name Puciest (9) LOCATION OF WELL (legal description) First Name Tim County 146 x n e 7 Twp 23 N or S Range 26 E or W Sec 12 1/4 of the N w 1/4 Tax Lot 2100 Company
Address Pa Box 255
City Christmas Valley State OR Tax Map Number DMS or DD (2) TYPE OF WORK New Well Deepening Conversion ☐ Alteration (repair/recondition) ☐ Abandonment (3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud Other Reverse Rotary (10) STATIC WATER LEVEL Date SWL(psi) + SWL (ft) (4) PROPOSED USE Domestic Irrigation ☐ Community Existing Well/Predeepening ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection 7.14 Completed Well 12 -☐ Thermal Other Flowing Artesian? Yes Dry Hole? Yes Depth water was first found 180 (5) BORE HOLE CONSTRUCTION Special Standard: 

Yes (attach copy) WATER BEARING ZONES Depth of Completed Well 570 ft. To Est Flow SWL (psi) + SWL (ft) From BORE HOLE SEAL 11-7-14 Amount | Scks/lbs From Material From To Cement 130 SCH (11) WELL LOG Ground Elevation How was seal placed: Method  $\square$  A  $\square$  B  $\square$  C  $\square$  D  $\square$  E Material Other \_\_\_\_ ft. to \_\_\_\_ ft. Material \_ Backfill placed from \_\_\_ Filter pack from \_\_\_\_\_ ft. to \_\_\_\_ ft. Material \_\_\_\_ Explosives used: Yes Type \_\_\_ Amount 195 (6) CASING/LINER 332 Csng Linr Dia + From Gauge | Steel | Plastic | Welded | Thrd ach love Rack 376 410 Shoe Inside Outside Other Location of shoe(s) Temporary casing Yes Diameter From Date Started 9-9-14 (7) PERFORATIONS/SCREENS Completed Perforations Method \_\_\_ (unbonded) Water Well Constructor Certification Screens Material \_ Type \_ 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 Screen/ Tele construction standards. Materials used and information reported above are true to Screen slot Slot # of pipe the best of my knowledge and belief. Perf Scrn Csng Linr From To width length Dia slots size License Number \_\_\_ Date Signed (bonded) Water Well Constructor Certification (8) WELL TESTS: Minimum testing time is 1 hour I accept responsibility for the construction, deepening, alteration, or ☐ Bailer 🗷 Air ☐ Flowing Artesian ☐ Pump abandonment work performed on this well during the construction dates reported Yield gal/min | Drawdown | Drill stem/Pump depth Duration (hr) above. All work performed during this time is in compliance with Oregon water 1000 90 supply well construction standards. This report is true to the best of my knowledge and belief. Temperature 50 °F Lab analysis ☐ Yes By License Number Water quality concerns? Yes (describe below) Description Units From Amount To Contact Info. (optional) ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER