

(1) **LAND OWNER** Owner Well I.D. _____
 First Name Jesse Last Name Vande street
 Company _____
 Address 1524 290th St
 City Ilwaco State Or Zip 51240

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

(2a) **PRE-ALTERATION** RECEIVED BY OWNER
 Casing: _____ To Gauge _____ Stl _____ Plstc _____ Wld _____ Thrd _____
 Material _____ From _____ To _____ Amt _____ sacks/lbs
 Seal: _____ FEB 13 2017

(3) **DRILL METHOD** SALEM, OR
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary SALEM, OR

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

(5) **BORE HOLE CONSTRUCTION** Special Standard (Attach copy)
 Depth of Completed Well 208 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
20"	0	160	Bentrite	22	0	64	s/lbs	
15"	160	208				25.01		
							Calculated	

How was seal placed: Method A B C D E
 Other Bentonite Poured Dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) **ABANDONMENT USING UNHYDRATED BENTONITE**
 Proposed Amount _____ Pounds Actual Amount _____ Pounds

(6) **CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16"	#	2	170	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"	#	1 1/2	154	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10"	#	1 1/2	154	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10"	#	2 1/4	218	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) **PERFORATIONS/SCREENS**

Perforations Method _____
 Screens Type Stainless Material steel

Perf/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size
screen/liner	10"	154	214	20		10"

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1300 Drawdown 204' Pump depth 1 HR Duration (hr)
 Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 188 ppm
 From _____ To _____ Description _____ Amount _____ units

(9) **LOCATION OF WELL (legal description)** HARN 52624
 County Harny Twp 24 NS 0 Range 32.5 EW WM
 Sec 29 NE 1/4 of the NE 1/4 Tax Lot 09301
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Taylor Ln. Burns, OR

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>6/18/15</u>		<u>55</u>

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 190

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>6/15/15</u>	<u>190</u>	<u>200</u>	<u>2800</u>		<u>55</u>

(11) **WELL LOG** Ground Elevation _____

Material	From	To
<u>Sandy Topsoil</u>	<u>0</u>	<u>5</u>
<u>Brown Sandy Clay</u>	<u>5</u>	<u>14</u>
<u>Gray Clay</u>	<u>14</u>	<u>51</u>
<u>Gray Sandy Clay</u>	<u>51</u>	<u>153</u>
<u>Gray Clay</u>	<u>153</u>	<u>189</u>
<u>Large Gravel</u>	<u>189</u>	<u>204</u>
<u>Gray Clay</u>	<u>204</u>	<u>218</u>

K Packer @ 145'

Date Started 6/10/15 Completed 6/18/15

(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 1562 Date 11/4/17
 Signed Sean C. Ollman
 Contact Info (optional) _____