

(1) **LAND OWNER** Owner Well I.D. _____
 First Name Tim Last Name RUCHETT
 Company _____
 Address PO Box 255
 City CL State OR Zip 97601

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

(2a) **PRE-ALTERATION**
 Casing: Dia + From To Gauge Stl Plstc Wld Thrld
 Material From To Amt sacks/lbs
 Seal: _____

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(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 500 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	lbs
24"	0	37	Cement	0	38	25	sack
20"	39	240				Calculated	15
12"	240	500				Calculated	15

How was seal placed: Method A B C D E
 Other _____
 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"/>	20	1	38	.280		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16"	1	240			<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 _____ Material _____

Perf/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____
RECEIVED BY OWRD 500 hr

Temperature JAN 20 2017 analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 200
 From _____ To _____ Description _____ Amount _____ Units _____
SALEM, OR

(9) **LOCATION OF WELL (legal description)**
 County Haney Twp 23 N/S Range 26 E/W WM
 Sec 12 NE 1/4 of the 1/4E 1/4 Tax Lot 2100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Com to Miller RD Kilgus

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>8-16-15</u>		<u>147</u>

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 200

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>8-16-15</u>	<u>200</u>	<u>270</u>	<u>500gpm</u>		<u>147</u>
<u>1-15-15</u>	<u>270</u>	<u>500</u>	<u>3000gpm</u>		<u>147</u>

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

Material	From	To
Top Soil	0	2
Gravel Clay Sand	2	18
Brn Clay Sand	18	60
Brn sand Stone	60	200
Low Sand	200	240
Clay Grnt	240	280
Low Sand	280	309
Brn Sand Stone	309	410
grnt Sand	410	460
Brn Sand	460	500

RECEIVED BY OWRD
MAR 06 2017
SALEM, OR

Date Started 7-30-15 Completed 8-15-15

(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 16541 Date 11-21-16
 Signed _____
 Contact Info (optional) _____