

(1) **LAND OWNER**
 Owner Well I.D. _____
 First Name Tina Last Name PUCKETT
 Company _____
 Address PO Box 255
 City CHRISTMAS VALLEY State OR Zip 97161

(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	Thrd

 Seal:

Material	From	To	Amt	sacks/lbs

(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 480 ft.

BORE HOLE				SEAL				Amt	lbs
Dia	From	To	Material	From	To				
20"	0	39	Concrete	0	39	50	50	50	
18"	39	220				Calculated	22		
12"	220	480				Calculated	260	260	

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"/>	18"	+	1	39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16"	+	-1	219	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/		
green	Liner	Dia	From	To	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)
250 gpm		480'	hr

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) **TDS amount** 200

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**
 County Harny Twp 23 N/S Range 26 E/W WM
 Sec 12 NE 1/4 of the NE 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

11th Corn Rd NE 1/4 12

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	10-25-15			147

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 200

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-22-15	200	220	50 gpm			147
10-25-15	220	480	250 gpm			147

(11) **WELL LOG** Ground Elevation 200

Material	From	To
TOP Soil	0	2
Gravel Bluncky	2	15
Brown Clay	15	80
Brown Sand Green Stone	80	120
Soft Brown	120	180
Soft Green Blue	180	200
Harder Blue Black	200	220
Red Clay	220	480

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 MAR 06 2017 SALEM, OR
 SALEM, OR

Date Started 10-15-15 Completed 10-25-15

(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 16554 Date 11-21-16
 Signed [Signature]
 Contact Info (optional) _____