

(1) LAND OWNER Owner Well I.D. _____
 First Name Tim Last Name Buckett
 Company _____
 Address PO Box 255
 City Civ State OR Zip 97641

(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 42 ft.

BORE HOLE				SEAL				
Dia	From	To	Material	From	To	Amt	lbs	
20"	0	39	Cement	39	0	60		
18"	39	240				30	Calculated	
12"	240	420				30	Calculated	

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	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18"	+	1	39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16"	=	1	240	.250	<input 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 3600 Drawdown 9.1 Drill stem/Pump depth 420 Duration (hr) 3hr
 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 300
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County Harmy Twp 23 N/S Range 26 E/W WM
 Sec 12 1/4 of the 12 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
My Home Construction

(10) STATIC WATER LEVEL
 Date _____ SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well _____ 147'
 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 180

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	180'	190'	50gpm		
	190'	400'	3500.9		

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Gravel Clay Blk	2	18
Brown Clay	18	60
Brown Sand Stone	60	290
Red and Pearl	290	240
Red and Cedar	240	420

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 MAR 06 2017 JAN 20 2017
 SALEM, OR SALEM, OR

Date Started 9-18-15 Completed 10-10-15
(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 1654 Date 10-10-15
 Signed _____
 Contact Info (optional): _____