

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # 83395
START CARD # 176567

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Deanne Dos Well Number _____
Name _____
Address 529 Fall Cr
City GOLD HILL State OR Zip _____

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 460 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10"	0	19	Bentonite	20	12	12
6"	19	460				

How was seal placed: Method ☒ A ☐ B ☐ C ☐ D ☐ E
☐ Other Concrete & Dry

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0	19	260	☒	☐	☐	☐
Liner: 4"	0	460	160	☒	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS Method Saw cut
☒ Perforations ☐ Screens Type 160 Material TVC

From	To	Slot Size	Number	Diameter	Tele/pipe	Casing	Liner
300	460	12"	41	1/4"	4"	☐	☒

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
3	460	460	1

Temperature of water 60 Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes ☐ No By _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County Oregon
Tax Lot 2200 Lot _____
Township 29 N or S Range 2 E or W WM
Section 29 1/4 N/4 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)
Same

(10) STATIC WATER LEVEL

95 ft. below land surface. Date 11-7-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 95'

From	To	Estimated Flow Rate	SWL
300	460	3	95

(12) WELL LOG

Material	From	To	SWL
CLAY BEN	0	3	
CLAYSTONE BEN	3	11	
CLAYSTONE BLUE	11	460	95

Date Started 10-30-06 Completed 11-7-06

(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.

WWC 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.

WWC Number 1957 Date 11-12-06

Signed _____

RECEIVED

NOV 20 2006

WATER RESOURCES DEPT
SALEM, OREGON