JEFF
50185

**RECEIVED**
MAR 21 1997
WATER RESOURCES DEPT.
SALEM, OREGON

WELL ID # L035886

(START CARD) # 91727

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

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

**(1) OWNER:** Well Number _____

Name MATT SCHLOCKER

Address 5420 BADGER RD

City CRR State OR Zip 97760

**(2) TYPE OF WORK**

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

**(3) DRILL METHOD:**

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

☐ Other _____

**(4) PROPOSED USE:**

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 160 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

| HOLE Diameter | From | To | SEAL Material | From | To | Sacks or pounds |
|---|---|---|---|---|---|---|
| 12 | 0 | 18 | Bentonite | 0 | 18 | 15 |
| 8 | 18 | 160 | | | | |
| | | | | | | |
| | | | | | | |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other POURED 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: | 8 | +2 | 18 | 250 | ☒ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s) _____

**(7) PERFORATIONS/SCREENS:**

☐ Perforations Method _____

☐ Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**(8) WELL TESTS: Minimum testing time is 1 hour**

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| | | | 1 hr. |
| | | | |
| | | | |

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

**(9) LOCATION OF WELL by legal description:**

County JEFF Latitude _____ Longitude _____

Township 13 N or S Range 12 E or W. WM.

Section 36 NW 1/4 NW 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) SAME

**(10) STATIC WATER LEVEL:**

_____ ft. below land surface Date _____

Artesian pressure _____ lb. per square inch. Date _____

**(11) WATER BEARING ZONES:**

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**(12) WELL LOG:**

Ground Elevation _____

| Material | From | To | SWL |
|---|---|---|---|
| ~~BLACK BASSALT~~ | ~~0~~ | | |
| TOP SOIL | 0 | 3 | |
| BLACK BASSALT | 3 | 55 | |
| Cinder, RED | 55 | 70 | |
| SAND BROWN | 70 | 160 | |

Date started 2-1-96 Completed 3-1-97

**(unbonded) Water Well Constructor Certification:**

I certify that the work I performed on the construction, 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.

Signed [signature] WWC Number 1495 Date 3-1-97

**(bonded) Water Well Constructor Certification:**

I accept responsibility for the construction, 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.

Signed [signature] WWC Number 1495 Date 3-1-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER