

JEFF
50540

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

WELL I.D. # L
START CARD # 102299

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

(1) OWNER: Well Number _____
Name Paden Prichard
Address 27450 SW Campbell Lane
City West Linn State OR Zip 97068

(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 _____ ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

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"	+1	33.25		☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/plpe 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 Jefferson Latitude _____ Longitude _____
Township 13 S N or S Range 9 E E or W. WM.
Section 16A NE 1/4 NE 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
26313 SW Metke Lane

(10) STATIC WATER LEVEL:

5 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:

Material	From	To	SWL
6" CASING WAS PULLED +1		33	
3/4" bentonite was poured to			
-5'. Concrete was added			
until level with ground			
elevation.			
(See attached)			
RECEIVED			
MAY 20 1999			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 5-15-99 Completed 5-15-99

(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 Mark Kuhn WWC Number Trainee Date 5-17-99

(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 John Skiles WWC Number 1658 Date 5-17-99