

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

*lose
50169*

(START CARD) # 81201

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

(1) OWNER: Well Number 81201
Name Damon Waters
Address 1938 Reeves Cr Rd
City Selma State OR Zip 97538

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	30	Bentonite	0	30	13
6"	30	98				

How was seal placed: Method A B C D E
 Other Bentonite
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	35	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
12		98	1 hr

Pump Bailer Air Flowing
 Artesian

Temperature of water 53° 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 Josephine Latitude _____ Longitude _____
Township 38 N or S Range 8 E or W, W.M.
Section 24 NW 1/4 SW 1/4
Tax Lot 6000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1938 Reeves Cr Rd Selma OR

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 4-5-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 39

From	To	Estimated Flow Rate	SWL
39	48	12	22

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown CLAY	0	3	
BROKEN BLACK CLAYSTONE	3	23	
BLACK CLAY - STONE	23	98	

RECEIVED
MAY - 3 1996
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-4-96 Completed 4-4-96

(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.
WWC Number _____
Signed _____ Date _____

(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.
WWC Number 1504
Signed Charlie Hill Date 4-29-96