Jose 50863

RECEIVED
JUN 24 1997
WATER RESOURCES DEPT.
SALEM, OREGON

WELL D.# _____

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.

(START CARD) # 90688

(1) OWNER: Well Number _____
Name MR & MRS STARNER
Address 3633 ELK LN
City G.P State OR Zip 97527

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

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☒ Other Boom Truck install well liner

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well 203 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	1'-	203'	160 ches	☐	☒	☒	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Skillsaw
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
183	203	1/8	40	6"	4"	☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(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 Josephine Latitude _____ Longitude _____
Township 36S N or (S) Range 6W E or (W) WM.
Section 35 SE 1/4 SE 1/4
Tax Lot 2601 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3633 ELK LN G.P.

(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

Date started 6-18-97 Completed 6-18-97

(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.
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 1379
Signed [signature] Date 6-18-97

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