

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

WELL I.D. # L 44441  
START CARD # 134288

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Western Oregon Conference Ass.  
Address P.O. Box 91  
City Murphy State Oregon Zip 97533

(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 120 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL      |      |    | Sacks or pounds |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To  | Material  | From | To |                 |
| 10       | 0    | 18  | Bentonite | 0    | 18 | 8 sacks         |
| 6        | 18   | 120 |           |      |    |                 |

How was seal placed: Method  A  B  C  D  E  
 Other Dry Poured  
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        | +2   | 58  | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner:  | 4        | 0    | 120 | 160   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Final location of shoe(s) 58

(7) PERFORATIONS/SCREENS:

Perforations Method Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To  | Slot size | Number | Diameter | Material | Casing                   | Liner                               |
|------|-----|-----------|--------|----------|----------|--------------------------|-------------------------------------|
| 100  | 120 | 1/4 X 6   | 60     |          |          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input checked="" type="checkbox"/> Air | <input type="checkbox"/> Flowing |
|-------------------------------|---------------------------------|---|----------------------------------|
| Yield gal/min                 | Drawdown                        | Drill stem at                           | Time                             |
| 16                            |                                 | 100                                     | 1 hr.                            |

Temperature of water 55 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 37 N or S Range 5 E or W. WM.  
Section 6 NW 1/4 SE 1/4  
Tax Lot 2913 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Williams Hwy

(10) STATIC WATER LEVEL:  
30 ft. below land surface. Date 9/14/00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 80

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 80   | 100 | 6                   | 30  |
| 100  | 120 | 10                  | 30  |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                             | From | To  | SWL |
|--------------------------------------|------|-----|-----|
| Decomposed Granite-Brown             | 0    | 30  |     |
| Decomposed Granite-Gray              | 30   | 40  |     |
| Decomposed Granite-Brown             | 40   | 80  |     |
| Decomposed Granite-Black White Brown | 80   | 120 |     |

**RECEIVED**

SEP 18 2000

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 9/14/00 Completed 9/14/00

(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 Michael Perce WWC Number 1251 Date 9/14/00

(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 Michael Perce WWC Number 1251 Date 9/14/00