

## STATE OF OREGON

## WATER SUPPLY WELL REPORT

(as required by ORS 537.765 &amp; OAR 690-205-0210)

SEP 22 2014

WELL LABEL # L 115088

START CARD # 210888

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

(1) LAND OWNER Owner Well I.D. SALEM, OR  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Corp of Presiding Bishop of Church J.C. 40-S  
 Address 2nd Floor RE 531-841P  
 City Salt Lake City State UT Zip 84150

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

## (3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud  
☐ Reverse Rotary ☐ Other \_\_\_\_\_

## (4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community  
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection  
☐ Thermal ☐ Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)

Depth of Completed Well 380 ft.

BORE HOLE			SEAL				Amount	Scks/lbs
Dia	From	To	Material	From	To			
6	185	380						

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

## (6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	Y			D	360	160		X		

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_Temporary casing ☐ Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## (7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
 Screens Type Lazer Cut Material PVC

Perf	Scrn	Casing	Linr	Screen	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X		X	Y		360	380	.020	1.25	360	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min 20 Drawdown 375 Drill stem/Pump depth 1 hr  
 Duration (hr) 1 hr

Temperature 56 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

## (9) LOCATION OF WELL (legal description)

County Josephine Twp 34 N or S Range 6 E or W W.M.  
 Sec 35 NE 1/4 of the SE 1/4 Tax Lot 800

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 339 Jump Off Joe CR

## (10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	8-18-14			98
Completed Well	8-19-14			98

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 180

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
Existing			3			98
8-18-14	208	209	9			98
8-18-14	227	228	3			98
8-19-14	333	334	7			98
8-19-14	365	366	4			98

## (11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Consolidated Blue Basalt	185	275
Consolidated Black Basalt	275	286
Consolidated Blue Basalt with fractures and quartz	286	380

RECEIVED BY OWRD

SEP 02 2014

SALEM, OR

Date Started 8-18-14 Completed 8-19-14

## (unbonded) Water Well Constructor Certification

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

License Number 1251 Date 8/27/14

Signed Michael Pence

## (bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1251 Date 8/27/14

Signed Michael Pence

Contact Info. (optional)