

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

RECEIVED BY OWRD
LAKE 52587

DEC 12 2014

WELL LABEL # L

START CARD #

LAKE 52587

115912

211204

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 FLOWERS HAY & GRAIN
Address 80 Bay 820
City Bend State OR Zip 97708

(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 600 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	60	Cement	60	80	15	8cm
18"	60	260	Bent	50	0	96	scm
10"	260	600					

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		18"	+	20	59	1.250	X		X	
	X	16"	-	20	260	1.250	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
7000+		600	hr 1

Temperature 53° F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lake Twp 26 N or S Range 18 E or W W.M.

Sec 26 1/4 of the 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 57764 Fossil

Lake Rd Chrisinusville 97601

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	11-15-14			28"

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 60'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
11-10-14	60	15	50+			28"
11-10-14	160	180	800+			28"
11-10-14	450	600	2000+			28"

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown Clay	0	2
Gray Clay	2	140
Black Sand	140	235
Gray Clay	235	340
Green Clay	340	395
Brown Clay	395	450
Black Laminar Rock	450	510
Pumice	510	540
Black Clam	540	600

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JUL 10 2017

SALEM, OR

Start 11-8-14 Completed 11-15-14

(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 _____ Date _____

Signed _____

(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 16541 Date 11-19-14

Signed _____

Contact Info. (optional) _____