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WELL I.D. # L-17567

MAY 22 1998

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

WATER RESOURCES DEPT (START CARD) # _____

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

SALEM, OREGON

(1) OWNER Ralph Hardacker Well Number _____
Name _____
Address PO Box 686
City Crestwell State OR Zip 97146

(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 640
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL				Sacks or pounds
Diameter	From	To	Material	From	To	Material	Material	
10	0	20	Cement	0	20			11
6	20	83						
9	83	91	Cement	83	91			9
6	89	860						

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: 6	11	99	260	☒	☐	☒	☐
Liner: 4 1/2	0	640		☐	☒	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
401	640	1/4 X 5	360	4 1/2		☐	☒

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

Pump	Bailer	Air	Flowing Artesian
☐	☐	☒	☐
Yield gal/min	Drawdown	Drill stem at	Time
1/2		860	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 Lane Latitude _____ Longitude _____
Township 17S N or S Range 2W E or W. WM.
Section 36 1/4 _____ 1/4 _____
Tax Lot 300 Lot 1800 Block _____ Subdivision _____
Street Address of Well (or nearest address) 79 SA

(10) STATIC WATER LEVEL:
428 ft. below land surface. Date 2-20-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 540

From	To	Estimated Flow Rate	SWL
540		1/2 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	83	
Brown sandstone	83	91	
Blue Gray sandstone	91	860	

Date started 12-17-96 Completed 2-20-98

(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 Charles Cox WWC Number _____ Date 2-23-98

(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 James J. Carter WWC Number _____ Date 2-23-98