

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 64111
START CARD # 156105

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

(1) LAND OWNER Dewey Walton Well Number _____
Name Dewey Walton
Address 31615 Lynx Hollow Rd
City Creswell State OR Zip 97426

(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 140 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	22	Cement	22	0	19 sacks
6"	22	140				

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
6"	4 1/2	139	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Drive Shoe used Inside Outside None
Final location of shoe(s) 139'

(7) PERFORATIONS/SCREENS:
 Perforations Method Torch/Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135'	120'	10"	36	1/8"	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100'	60'	2"	630	1/8"	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
30		140'	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 57° 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 19 N or S Range 3 E or W/W.M. W
Section 23 NW 1/4 SE 1/4
Tax Lot 5000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) corner of Greenbilly Rd & Orchard Ave - Creswell, OR 97426

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 6/29/03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 76'

From	To	Estimated Flow Rate	SWL
76'	90'	15 GPM	6'
90'	120'	15 GPM	6'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown clay	0	3	
Cemented Gravel	3	16	
Gravel/Boulders	16	24	
Gray clay/Gravel	24	31	
Brown Sand/Gravel	31	93	6'
Gray Sand/Gravel	93	140	6'

RECEIVED
JUL 15 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6/26/03 Completed 6/29/03
(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 _____ WWC Number _____ 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.
Signed Sean Oldham WWC Number 15627 Date 7/14/03