

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

WELL I.D. # L 69408  
 START CARD # 156123

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

(1) **LAND OWNER** Well Number \_\_\_\_\_  
 Name Closen Christian  
 Address 54455 McKenzie River Drive  
 City Blue River State OR Zip 97413

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

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
12"	0 20	Cement	20 7	39 sacks	
6"	20 63	Bentonite	7 0	9 sacks	

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite Poured Dry.  
 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	62	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 62

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method Perforator  
 Screens Type Holte Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40'	60'	1"	325	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	Time
150		50'	1 hr.

Pump  Bailer  Air  Artesian  
 Flowing  Artesian

Temperature of water 54° 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 16 N or S Range 5 E or W. WM.  
 Section 17 SE 1/4 SW 1/4  
 Tax Lot 2100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 54455 McKenzie River Drive Blue River, OR 97413

(10) **STATIC WATER LEVEL:**  
7 ft. below land surface. Date 4-20-04  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found 50'

From	To	Estimated Flow Rate	SWL
50'	60'	150 gpm	7'

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

Material	From	To	SWL
Topsoil/Boulders	0	2	
Sand/Gravel/Boulders	2	63	7'
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>RECEIVED</p> <p>APR 26 2004</p> <p>WATER RESOURCES DEPT SALEM, OREGON</p> </div>			

Date started 4-14-04 Completed 4-20-04

(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.

WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ 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.

WWC Number 156123  
 Signed Sen Oldham Date 4-21-04