

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

(WELL I.D.)# L 68585  
(START CARD) # 185864

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

**(1) OWNER:** Well Number \_\_\_\_\_  
Name McDougal Brothers  
Address P.O. Box 518  
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 80 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Cement	0	18	8 sacks
6	18	80				

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	+1	78	.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"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations		Screens		Material	Casing	Liner
Method	Type	Slot size	Number			
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100+	total	80'	1 hr.

Temperature of water 55 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 S Range 6 E WM.  
Section 11 NW 1/4 SW 1/4  
Tax Lot 503 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 59296 Belknap Springs  
McKenzie Bridge, OR 97413

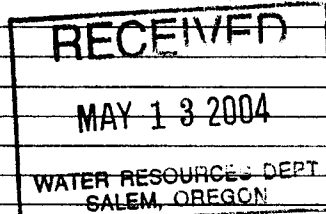
**(10) STATIC WATER LEVEL:**  
25' ft. below land surface. Date 5-3-04  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60'	80'	100+	25'

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

Material	From	To	SWL
Boulders & Gravel	0	40	25
Sand & Gravel	40	80	25



Date started 5-3-04 Completed 5-4-04

**(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 1553  
Signed \_\_\_\_\_ Date 5-4-04