

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

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

(WELL I.D.)# L **70467**

(START CARD) # **165536**

(1) **OWNER:** Well Number **#2**
 Name **DAVID DESMOND**
 Address **P.O. BOX 143**
 City **DEXTER** State **OR** Zip **97431**

(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 **147** ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	BENTONITE	0	18	9 SACKS
6"	18	147				

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"	+2	18	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Liner: 4 1/2"	7	147		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **N/A**

(7) PERFORATIONS/SCREENS:

☒ Perforations

☐ Screens

Method **SAW**

Type **LINER**

Material **PLASTIC**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
67	87	1	200	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
107	147	1	400	1/		<input type="checkbox"/>	<input checked="" 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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Time
13	141	147	1 hr.

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** S Range **1** W WM.
 Section **28** SE 1/4 SW 1/4
 Tax Lot **2808** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **SW corner of Lost Creek Rd & Lost Valley Lane Dexter**

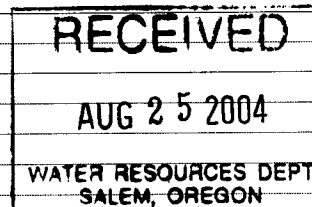
(10) **STATIC WATER LEVEL:**
6 ft. below land surface. Date **8/19/2004**
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
50	70	13	6

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	3	
BROWN SANDSTONE	3	11	
BLUE SANDSTONE	11	30	
GRAY CLAYSTONE	30	50	
BLUE SANDSTONE	50	147	6



Casey Jones Well Drilling Co. Inc.
541-747-2806

Date started **8/18/2004** Completed **8/19/2004**

(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 **1776**
 Date **8/20/2004**

(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 _____ WWC Number **1541**
 Date **8/20/2004**