

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

WELL I.D. # **L 85808**

START CARD # **189260**

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

(1) **LAND OWNER** Well Number _____
 Name **Dale Bergey**
 Address **34033 Mt. Tom Drive**
 City **Harrisburg** State **OR** Zip **97446**

(2) **TYPE OF WORK** ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) **DRILL METHOD**
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) **PROPOSED USE**
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☒ Other **test**

(5) **BORE HOLE CONSTRUCTION** Special Construction: ☐ Yes ☒ No
 Depth of Completed Well **60** ft.
 Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12"	0'	18'	bentonite	0'	18'	13 sacks
8"	18'	60'	chips			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other **as per OAR 690-210-340**

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: 8"	+2'	57'	.250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS**
☒ Perforations Method **Star**
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
25'	54'	1x3/8	870			☒	☐

(8) **WELL TESTS: Minimum testing time is 1 hour**
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
83		60'	1 hour

Temperature of water **50** Depth Artesian Flow Found _____
 Was a water analysis done? ☐ Yes By whom _____
 Did any strata contain water not suitable for intended use? ☐ Yes ☐ No
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL (legal description)**
 County **Lane**
 Tax Lot **100** Lot _____
 Township **16** S Range **5** W WM
 Section **14** NE 1/4 NE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) **Approx. 4000' South of Hwy.36 on Alvadore Road (Westside)**

(10) **STATIC WATER LEVEL**
8 ft. below land surface. Date **10-25-06**
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES**
 Depth at which water was first found **25'**

From	To	Estimated Flow Rate	SWL
25'	50'	90 gpm	8'
51'	55'	40 gpm	8'

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

Material	From	To	SWL
clay with small gravels	0'	18'	8'
sand and gravels	18'	50'	8'
gravels/cemented	50'	51'	8'
gravels	51'	55'	8'
clay/blue	55'	60'	8'

Date Started **10/23/06** Completed **10/24/06**

(unbonded) **Water Well Constructor Certification**
 I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

(bonded) **Water Well Constructor Certification**
 I accept responsibility for the construction, deepening, 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 **636** Date **11-02-06**

Signed **Paul Christensen J-Proc**

Christensen Well Drilling Co.

RECEIVED

DEC 07 2006