

(as required by ORS 537.765)

WELL I.D. # L 60239
START CARD # W201028

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

(1) LAND OWNER Well Number **L66239**
 Name **TERRY NOHRENBERG**
 Address **39623 HOWARD RD.**
 City **MARCOHA** State **ORE** Zip **97454**

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18'6"	BENTONITE	0	18'6"	8 SACKS
6"	18'6"	120'				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 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:	16"	#18	18	#25	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	-5'	120'	#160	☐	☒	☒	☐
					☐	☐	☐	☐

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

(7) **PERFORATIONS/SCREENS:**
☒ Perforations Method SKILL SAW
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
- 60'	+120'	4x5	135	4"	#160	☐	☒
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
8 GPM	100%	120'	1 hr.

Temperature of water 51° 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 15-S N or S Range 01-W E or W. WM. _____
Section 21 SE 1/4 NE 1/4
Tax Lot 602 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 39623 HOWARD RD
MARCOLA, ORE 97454

(10) **STATIC WATER LEVEL:**
41'4" ft. below land surface. Date 6-14-00
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
91'	102'	8 GPM	41'4"

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
CLAY REDISH BROWN	2	13	
BASALT BLACK	13	120	41' 4"
RECEIVED			
JUL 01 2010			
WATER RESOURCES DEPT SALEM, OREGON			
RECEIVED			
AUG 26 2010			
WATER RESOURCES DEPT SALEM, OREGON			

Date started 6-10-10 Completed 6-14-10

(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 Allen W. Little WWC Number 1248
Date 6-14-10