LANE 73117

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

5/6/2014

WELL I.D. LABEL# L 111756
START CARD # 1022555
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name STEVEN & SUE Last Name MESSER
Company
Address 23845 HWY 36
City CHESHIRE State OR Zip 97419

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 100.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	18	Bentonite	0	18	12	S
6	18	100					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other DRY POUR
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(•)	( )	6	[X]	1	19	.25	(•)	( )	[X]	[ ]
( )	(•)	4	[ ]	8	100	~~pvc~~ .160	( )	(•)	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method skillsaw
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	80	100	.1	5	80	

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

( ) Pump (•) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20	10		1

Temperature 53 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LANE Twp 16.00 S N/S Range 5.00 W E/W WM
Sec 21 SE 1/4 of the NW 1/4 Tax Lot 16-05-21-00-02400
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(•) Street address of well ( ) Nearest address
92193 APPLEGATE TRAIL JUNCTION CITY OR 97448

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	3/26/2014		[ ]	23

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 67.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/25/2014	67	70	3		[ ]	23
3/26/2014	85	90	18		[ ]	23
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation 525.00

Material	From	To
top soil	0	1
Clay red	1	7
sandstone	7	24
sandstone gray	24	67
broken brown sandstone	67	70
sandstone gray	70	80
broken brown sandstone	80	90
gray sandstone	90	100

RECEIVED BY OWRD
SEP 14 2015
SALEM, OR

Date Started 3/21/2014 Complete 4/9/2014

(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.

License 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.

License Number 1635 Date 5/6/2014

Signed JERRY MADSEN (E-filed)

Contact Info (optional) Madsen Well Drilling LLC

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: