

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

WELL I.D. # L 112557

START CARD # 210057

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

(1) LAND OWNER Well Number _____
Name Dave Knowles
Address 04928 North Loftus
City Florence State OR Zip 97439

(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 _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 78 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	18	cement with 0	0	18	5 sacks
6"	18	78	4% bent.			

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				Steel	Plastic	Welded	Threaded
Diameter	From	To	Gauge				
Casing: 6"	+1.5	18	.250	☒	☐	☒	☐
				☐	☐	☐	☐
4" liner	3	31	160psi	☐	☒	☒	☐
Liner: 4"	61	63	160psi	☐	☒	☒	☐
4"	70	78	160psi	☐	☒	☒	☐

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

(7) PERFORATIONS/SCREENS
☐ Perforations Method _____
☒ Screens Type "V" wire/slot Material SS/PVC

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
31	61	.010		4"	pipesize	☐	☒
63	68	.008		4"	pipesize	☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
18	30		hour
well output	may fluctuate		

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? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County Lane
Tax Lot 1100 Lot _____
Township 19 S Range 12 W WM
Section 3 SW 1/4 SW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 04928 North Loftus
Florence, OR 97439

(10) STATIC WATER LEVEL

30 ft. below land surface. Date 3-18-14
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
30	61	10 gpm	30
63	70	10 gpm	30

(12) WELL LOG

Material	From	To	SWL
top soil	0	3	
sand, tan	3	18	
clay, gray, sandy	18	20	
sand, tan	20	60	30
clay, gray, sandy w/wood	60	63	30
sand, tan	63	68	30
clay, dense, gray	68	78	30

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MAY 27 2014
SALEM, OR
JUN 10 2014
SALEM, OR

Date Started 3-14-14 Completed 3-18-14

(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 97 Date _____

Signed Mark M. Christman