

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

2/24/2015

WELL I.D. LABEL# L

117283

START CARD #

1025624

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name TREY

Last Name WILLISON

Company _____

Address 90331 SUNDERMAN RD

City SPRINGFIELD

State OR

Zip 97478

(2) TYPE OF WORK



New Well



Deepening



Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thr

Casing:

Material

From

To

Amt

sacks/lbs

Seal:

(3) DRILL METHOD



Rotary Air



Rotary Mud



Cable



Auger



Cable Mud



Reverse Rotary



Other

(4) PROPOSED USE



Domestic



Irrigation



Community



Industrial/ Commercial



Livestock



Dewatering



Thermal



Injection



Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 345.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	38	Bentonite	0	38	18	S
6	38	345				Calculated	17.34
						Calculated	

How was seal placed:

Method



A



B



C



D



E

☒ Other POURED AND TAMPED

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	Thr
☒	☒	6	☒	2	38	.250	☒	☒	☒	☒
☐	☐	4.5	☐	5	345	sdr26	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method saw

Screens Type _____

Material _____

Perf/	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Perf	Liner		4.5	265	305	.125	2	400	
Perf	Liner		4.5	325	345	.125	2	200	

(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		345	1

Temperature 55 °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 17.00 S N/S Range 2.00 W E/W WM

Sec 3 NE 1/4 of the SE 1/4 Tax Lot 500

Tax Map Number _____

Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

90331 SUNDERMAN RD

SPRINGFIELD

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration			
Completed Well	2/20/2015		123

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 262.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

2/20/2015	262	265	11		☒ 123
2/20/2015	278	285	9		☒ 123

(11) WELL LOG

Ground Elevation _____

Material	From	To
brown clay	0	25
broken brown sandstone	25	28
brown sandstone	28	31
gray sandstone	31	83
brown gray sandstone conglomerate	83	91
gray sandstone	91	109
hard blue sandstone	109	138
blue brown sandstone	138	163
hard blue sandstone	163	225
brown sandstone	225	242
hard blue sandstone	242	315
brown sandstone	315	319
blue sandstone	319	345

This report was originally e-filed to the Department;
the original e-filed document is attached.

Date Started 2/19/2015

Completed 2/20/2015

(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 1344

Date 2/23/2015

Signed ROBERT J MURPHY (E-filed)

(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 1541

Date 2/24/2015

Signed CASEY JONES JR. (E-filed)

Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806

ORIGINAL - WATER RESOURCES DEPARTMENT

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

SALEM, OR