

WATER SUPPLY WELL REPORT

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

7/26/2017

START CARD #

ORIGINAL LOG #

48744

1034991

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company OREGON PARKS AND RECREATION DEPARTMENT

Address 725 SUMMER STREET NE, STE C

City SALEM State OR Zip 97301

(2) TYPE OF WORK

New Well Deepening Conversion

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

(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 CAMP GROUND WATER WELL

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 350.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	
10.75	0	50	Bentonite Chips	0	50	32	S
6	50	350				Calculated	28.97
						Calculated	

How was seal placed: Method A B C D E

Other _____

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	50	Sch 40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	<input type="checkbox"/>	4	180	C200	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	<input type="checkbox"/>	200	240	C200	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	<input type="checkbox"/>	260	310	C200	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia 10.75 From + 2 To 50

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Western Well Material PVC

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	4.5	180	200	.01			
Screen	Liner	4.5	240	260	.01			
Screen	Liner	4.5	310	350	.01			

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10	30	100	4

Temperature 54 °F Lab analysis Yes By Analytical Lab Group

Water quality concerns? Yes (describe below) TDS amount 0.01 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LANE Twp 18.00 S N/S Range 1.00 E E/W WM

Sec 27 NE 1/4 of the SE 1/4 Tax Lot N/A

Tax Map Number _____ Lot _____

Lat _____ " or 43.97172222 DMS or DD

Long _____ " or -122.66693056 DMS or DD

Street address of well Nearest address

570 N MOSS, LOWELL OREGON 97452

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	7/1/2017	17	<input checked="" type="checkbox"/>	39.3

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 21.00

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

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/1/2017	180	350	10		17

(11) WELL LOG

Ground Elevation 858.00

Material	From	To
Top Soil	0	2
Brown Clay	2	21
Gravel and Sand	21	29
Basalt	29	350

Date Started 6/23/2017 Completed 7/1/2017

(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 1796 Date 7/26/2017

Signed CHRIS HUMPHRIES (E-filed)

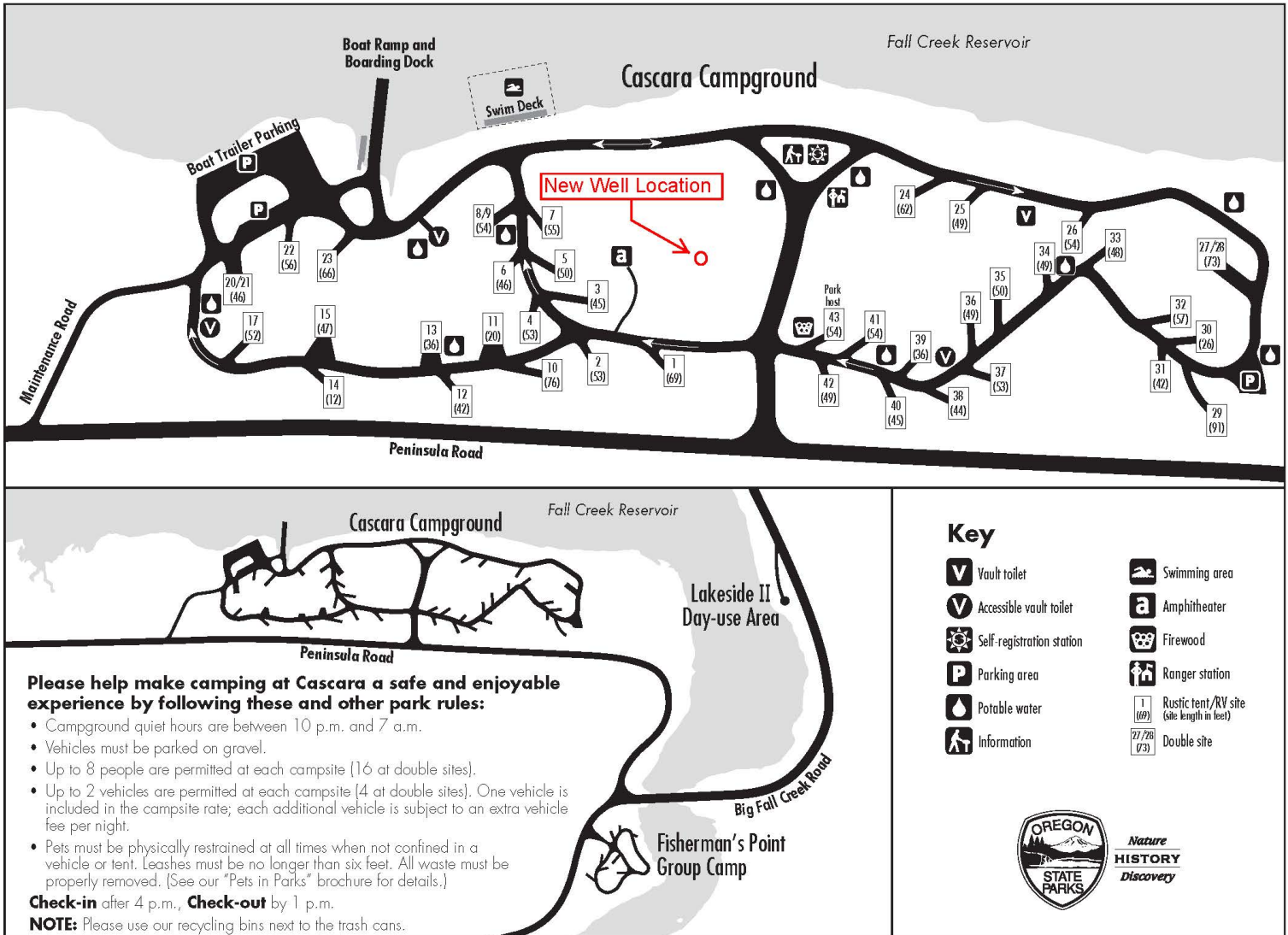
Contact Info (optional) Chris Humphries

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

LANE 75334

7/26/2017

Map of Hole



Please help make camping at Cascara a safe and enjoyable experience by following these and other park rules:

- Campground quiet hours are between 10 p.m. and 7 a.m.
- Vehicles must be parked on gravel.
- Up to 8 people are permitted at each campsite (10 at double sites).
- Up to 2 vehicles are permitted at each campsite (4 at double sites). One vehicle is included in the campsite rate; each additional vehicle is subject to an extra vehicle fee per night.
- Pets must be physically restrained at all times when not confined in a vehicle or tent. Leashes must be no longer than six feet. All waste must be properly removed. (See our "Pets in Parks" brochure for details.)

Check-in after 4 p.m., **Check-out** by 1 p.m.

NOTE: Please use our recycling bins next to the trash cans.

All rates and information subject to change without notice. This publication is available in alternative formats upon request.

Write to OPRD, 725 Summer St. NE, Suite C, Salem, OR 97301. You may also call 1-800-551-6949 or 7-1-1 (Oregon Relay for the hearing impaired).