

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

**WATER RESOURCES DEPT.
 SALEM, OREGON**

(START CARD) # 89348

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

(1) OWNER: Well Number _____
 Name PANTHER CR. WATER DIS.
 Address P.O. Box 171
 City OHAS State OR Zip 97368

(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 300 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	39	BENTONITE	0	39	16 SACKS
6"	39	300				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	2	300		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
220	300	7"	300	1/8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30+		300	1 hr.

Temperature of water 54 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 LINCOLN Latitude _____ Longitude _____
 Township 6 S N or S Range 10 W E or W. WM. _____
 Section 34 NW 1/4 NW 1/4 _____
 Tax Lot 1400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1056 PANTHER CR Rd.

(10) STATIC WATER LEVEL:
70 ft. below land surface. Date 9-15-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 240

From	To	Estimated Flow Rate	SWL
240	300	30+	70

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SOIC SANDY BROWN CLAY	0	4	
" " BROWN	4	28	
SANDSTONE HARD GRAY	28	240	
SANDSTONE W/B "	240	300	70

Date started 9-13-86 Completed 9-15-86

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 1563
 Signed [Signature] Date 10-9-86