

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

(START CARD) # 130999

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

(1) OWNER: Well Number _____
Name Rob Bailey
Address 1535 SE Alder Ln. Dr.
City Toledo State Oregon Zip 97391

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	23	Cement	0	23	7
6	23	100				

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	23	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	100	160"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type 1/4" Round Holes Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	100	1/4" R	300			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 2 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 59° 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 11 N or S Range 10 E or W. WM.
Section 7 SE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 370 Skyline Dr Toledo

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 10-13-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	51	2	21

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Brown Sandy Clay	1	5	
Brown Shale	5	16	
Blue Shale	16	28	
Brown + Blue Shale mix	28	31	
Grey Shale	31	100	21

RECEIVED

NOV 03 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-12-00 Completed 10-12-00

(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.
WVC 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.
WVC Number 749
Signed Gay 2 King Date 10-17-00