

LINC 52546

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 93107

START CARD # 198546

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Richard Last Name Sullivan
 Company Fall Crk. Water District
 Address P.O. Box 283
 City Alicia State Oregon Zip 97329

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 81 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
10	0	36 1/2	Cement	0	36 1/2		11
6	36 1/2	81					

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 _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		6		7 1/2	36 1/2	.250	✓		✓	
	✓	4		0	80	160#		✓	✓	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type 4" Round Hole s Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
✓			✓	4	41	81		1/4" RH	225	

(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		78	1

Temperature 55 °F Lab analysis Yes No
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lincoln Twp 14 N or S Range 9 E or W W.M.
 Sec 7 SW 1/4 of the SW 1/4 Tax Lot 02400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) ACROSS From 688
Gates Rd Hwy 39

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>6-24-08</u>			<u>30</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 59

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-24-08</u>	<u>59</u>	<u>60</u>	<u>5</u>			<u>30</u>
<u>6-24-08</u>	<u>63</u>	<u>64</u>	<u>5</u>			<u>30</u>

(11) WELL LOG

Material	From	To
<u>Top Soil</u>	<u>0</u>	<u>6</u>
<u>Brown Sticky Clay</u>	<u>6</u>	<u>15</u>
<u>Brown Sandstone (30%)</u>	<u>15</u>	<u>30</u>
<u>Blue Sandstone</u>	<u>30</u>	<u>81</u>

Date Started 6-24-08 Completed 6-24-08

(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 749 Date 6-28-08

Signed Gay Z Riving

Contact Info. (optional) _____

RECEIVED

JUL 22 2008

WATER RESOURCES DEPT.
SALEM, OREGON