

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

LINC 53159

WELL LABEL # L 109929

START CARD # 208859

ORIGINAL LOG #

(1) LANDOWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company Lincoln County Parks
Address 880 NE 7th St.
City Seport State OR Zip 97365

(2) TYPE OF WORK

☒ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION:

Well Depth _____ ft.

Seal Material _____

Casing Type: ☐ Steel ☐ Plastic ☐ Other _____

Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Auger
☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☒ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 51 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE				SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs	
10	0	45	Cement	0	45	14		
6	45	51						

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		6	x	1	49	.250	✓		✓	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min 10 Drawdown 35' Drill stem/Pump depth 40 Duration (hr) 1

Temperature 58 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS 190 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lincoln Twp 9 N or S W Range 11 E or W W.M.

Sec 1 SE 1/4 of the SE 1/4 Tax Lot 503

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address)

13 1/2 mile post Kerville HWY (Stone Park)

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	9-21-12			22

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 50

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9-21-12	50	51	10			22

(11) WELL LOG

Ground Elevation _____

Material	From	To
Old Rock Road	0	3
Orange st. clay	30	35
Brown Rock	30	35
Blue shale	35	45
Blue shale sand (blue)	45	50
Blue sand	50	51

Date Started 9-20-12 Completed 9-21-12

(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 1753 Date 9-21-12

Signed [Signature]

Contact Info. (optional)