

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 107628

START CARD # 1014690

(1) LAND OWNER Owner Well I.D. 5190

First Name _____ Last Name _____
Company USDA Forest Service, Willamette National Forest
Address 3106 Pierce Parkway, Suite D.
City Springfield State OR Zip 97477

(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
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 95 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	59	Cement	0	59	19	S
6	59	95					

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	59	280	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	<input checked="" type="checkbox"/>	1	95	160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia 10 From 0 To 21

(7) PERFORATIONS/SCREENS

Perforations Method Drilled
Screens Type _____ Material PVC

Perf/S	Casing/	Screen	From	To	Scrm/slot	Slot	# of	Tele/
screen	Liner	Dia			width	length	slots	pipe size
Perf	Liner		45	95	.25		1,200	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30		95	

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 13 S N/S Range 4 E E/W WM
Sec 32 SE 1/4 of the NE 1/4 Tax Lot 5500
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Trout Creek Campground, between MP 48 & 49 on Hwy. 20, Cascadia, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	08-24-2011			19

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 43

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
08-24-2011	43	46	7			19
08-24-2011	85	85	7			19
08-24-2011	90	95	23			19

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay & cobbles	2	18
Conglomerate red & blue sandstone	18	58
Grey sandstone	58	65
Conglomerate red & blue sandstone	65	71
Grey sandstone (hard)	71	74
Red blue grey conglomerate	74	95

JONES DRILLING CO., INC. RECEIVED
29400 SANTIAM HWY.
LEBANON, OR 97355 SEP 06 2011
541-367-2560 541-451-2686
1-800-915-8388 WATER RESOURCES DEPT
SALEM, OREGON

Date Started 08-24-2011 Completed 08-25-2011

(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 1411 Date 09-01-2011
Password: (if filing electronically) _____
Signed [Signature]

(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 1684 Date 09-01-2011
Password: (if filing electronically) _____
Signed [Signature]
Contact Info (optional) jonesdrilling@hotmail.com