

**STATE OF OREGON**  
**WATER SUPPLY WELL REPORT**  
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L   
 START CARD # 1014691

**(1) LAND OWNER** Owner Well I.D. 5189

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 0 ft.

| BORE HOLE |      |    | SEAL     |      |    | Amt | sacks/<br>lbs |
|-----------|------|----|----------|------|----|-----|---------------|
| Dia       | From | To | Material | From | To |     |               |
| 10        | 0    | 24 | Cement   | 0    | 25 | 24  | S             |
| 6         | 24   | 75 |          |      |    |     |               |

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 type="checkbox"/> | <input type="checkbox"/> |     |   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

| Perf/S | Casing/ | Screen | Perforations Method |    | Screens Type |        | Material |           | Scrn/slot | Slot | # of | Tele/ |
|--------|---------|--------|---------------------|----|--------------|--------|----------|-----------|-----------|------|------|-------|
| creen  | Liner   | Dia    | From                | To | width        | length | slots    | pipe size |           |      |      |       |
|        |         |        |                     |    |              |        |          |           |           |      |      |       |

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

Pump  Bailer  Air  Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
|               |          |                       |               |

Temperature \_\_\_\_\_ °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 mile post 48 & 49, Hwy. 20, Cascadia, OR

**(10) STATIC WATER LEVEL**

|                              | Date | SWL(psi) | + | SWL(ft) |
|------------------------------|------|----------|---|---------|
| Existing Well / Predeepening |      |          |   |         |
| Completed Well               |      |          |   |         |

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|----------|------|----|----------|----------|---|---------|
|          |      |    |          |          |   |         |

**(11) WELL LOG**

| Material   | From | To | Ground Elevation |
|--|------|----|------------------|
| Pulled pump. Measured bottom of well at 75'.   |      |    |                  |
| Overshot well to 24'. Pumped cement from bottom to surface. Pulled casing. Topped off to surface.  |      |    |                  |
| <b>RECEIVED</b>  |      |    |                  |
| SEP 06 2011  |      |    |                  |
| WATER RESOURCES DEPT<br><b>JONES DRILLING CO., INC SALEM, OREGON</b><br><b>29400 SANTIAM HWY.</b><br><b>LEBANON, OR 97355</b><br><b>541-367-2560 541-451-2686</b><br><b>1-800-915-8388</b> |      |    |                  |

Date Started 8-23-2011 Completed 8-23-11

**(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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed [Signature]  
 Contact Info (optional) \_\_\_\_\_