

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 107631

START CARD # 1014782

(1) LAND OWNER Owner Well I.D. 5195

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Smith Seed  
 Address P.O. Box 288  
 City Halsey State OR Zip 97348

(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 50 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
12	0	20	Bentonite	0	20	15	S
8	20	50					

How was seal placed: Method  A  B  C  D  E

Other Poured dry

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"/>	8		1	49	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia 12 From 0 To 20

(7) PERFORATIONS/SCREENS

Perforations Method Air perforator

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S Casing/Screen

Perf	Casing	Screen	Liner	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
				30	48		.375	1		

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
45		48	1

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 14 S N/S Range 4 W E/W WM

Sec 11 NE 1/4 of the NW 1/4 Tax Lot 300

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

26890 Powerline Rd., Halsey, OR 97348

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening \_\_\_\_\_

Completed Well 09-06-2011 \_\_\_\_\_ 15

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 19

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-06-2011	19	28	20		15
09-06-2011	43	50	45		15

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Gravel fill	0	.5
Brown clay	.5	19
Gravel & sand	19	28
Cemented gravel	28	43
Gravel & sand	43	50

**RECEIVED**

**JONES DRILLING CO., INC.**

**29400 SANTIAM HWY.**

**LEBANON, OR 97355**

**541-367-2560 541-451-2686**

**1-800-915-8388**

SEP 21 2011

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 09-07-2011 Completed 09-07-2011

(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 09-16-2011

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 09-16-2011

Password: (if filing electronically) \_\_\_\_\_

Signed *[Signature]*

Contact Info (optional) jonesdrilling@hotmail.com