

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

WELL LABEL # L 108584

START CARD # 1018220

**(1) LAND OWNER** Owner Well I.D. 5297

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Camp Koinonia  
 Address 43062 North River Dr.  
 City Sweet Home State OR Zip 97386

**(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 101 ft.

BORE HOLE			SEAL		sacks/		
Dia	From	To	Material	From	To	Amt	lbs
10	0	20	Bentonite	0	20	11	S
6	20	49	Cement	49	59	2	S
8	49	59					
6	59	101					

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"/>	6		1	59	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		1	101	sch40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 10 From 0 To 20

**(7) PERFORATIONS/SCREENS**

Perforations Method Drilled

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

Perf	S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
Perf	Liner	Dia	width	length	slots	pipe size			
		61	101	.25	900				

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		101	1

Temperature 53 °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 1 E E/W WM  
 Sec 27 NW 1/4 of the NW 1/4 Tax Lot 101  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

43062 North River Dr., Sweet Home, OR 97386

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	10-23-2012		17

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 75

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-23-2012	75	95	100		17

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	0	2
Brown clay	2	10
Cemented gravel	10	30
Blue grey sandstone	30	87
Red brown sandstone	87	90
Blue grey sandstone	90	101

RECEIVED BY OWRD

JONES DRILLING CO., INC.

29400 SANTIAM HWY.

LEBANON, OR 97355

541-367-2560 541-451-2686

1-800-915-8388

OCT 31 2012

SALEM, OR

Date Started 10-22-2012 Completed 10-23-2012

**(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 10-29-2012

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 10-29-2012

Password: (if filing electronically)

Signed *[Signature]*

Contact Info (optional) jonesdrilling@hotmail.com