

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

Revised

WELL LABEL # L 110124

START CARD # 1020945

(1) LAND OWNER Owner Well I.D. 5357

First Name Thomas Last Name Avinelix
Company Quiet Meadows Farm
Address 38615 Densmore Rd.
City Jefferson State OR Zip 97352

(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 59 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	1	59	Bentonite	0	18	42	S

How was seal placed: Method A B C D E

Other Poured dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 18 ft. to 32 ft. Material washed rock Size 3/4&1/2

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12		<input checked="" type="checkbox"/>	1	59	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 16 From 0 To 59

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut

Screens Type _____ Material _____

Perf/S	Casing/	Screen			Scm/slot	Slot	# of	Tele/	
Perf	Casing	Liner	Dia	From	To	width	length	slots	pipe size
			12	32	59	.438	10	325	

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

	Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<input type="radio"/> Pump	600+		50	2
<input type="radio"/> Bailer				
<input checked="" type="radio"/> Air				
<input type="radio"/> Flowing Artesian				

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 10 S N/S Range 2 W E/W WM

Sec 17 NW 1/4 of the SW 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

38615 Densmore Rd. Jefferson, OR 97352

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	09-03-2013		5

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 20

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-03-2013	20	59	600+		5

(11) WELL LOG

Material	From	To
Topsoil	0	2
Brown clay	2	15
Black sand	15	30
Sand & gravel	30	48
Gravel and sand cemented	48	54
Sand & Gravel	54	60
Naturally caved gravel pack rock		
from 32 + 59		

RECEIVED BY OWRI
SEP-18-2013
SALEM, OR

JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

Date Started 08-30-2013 Completed 09-03-2013

(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 1888 Date 09-17-2013

Password : (if filing electronically) _____

Signed Kas DeWitt

(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 09-17-2013

Password : (if filing electronically) _____

Signed [Signature]

Contact Info (optional) jonesdrilling@hotmail.com

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START CARD # 1020945

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City Jefferson State OR Zip 97352

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License Number 1888 Date 09-09-2013

Password: (if filing electronically)

Signed *Tom Elliott*

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License Number 1684 Date 09-09-2013

Password: (if filing electronically)

Signed *By*

Contact Info (optional) jonesdrilling@hotmail.com