

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 108875

START CARD # 209831

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
 First Name LINDA Last Name PACHELO
 Company _____
 Address 39262 Montgomery Dr.
 City Scio State ORE Zip 97374

(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 ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
 Depth of Completed Well 200' ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
10"	0	19	BENTONITE	0	19	15	SCKS
6"	19	200					

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	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	1	19	.250	X		X	
	X	4 1/2"		G.L	200	160		X		

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 19

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method SAW
 Screens Type SLOT Material CERTA-LOK

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X		X		60	195	1/8"	6"	240		

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min 25 Drawdown _____ Drill stem/Pump depth 190' Duration (hr) 1 Hr

Temperature 54 °F Lab analysis _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units
		JAN 03 2014		

(9) LOCATION OF WELL (legal description)

County LINN Twp 10 Range 1 Sec 32 SE 1/4 of the NW 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>12-1-13</u>		-	<u>10'</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 116'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>11-30-13</u>	<u>116</u>	<u>180</u>	<u>25 gpm</u>		-	<u>10'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	1
CLAY - BROWN	1	3
CLAY - BROWN w/ GRAVEL	3	13
SANDSTONE - GRAY	13	200

Date Started 11-29-13 Completed 12-1-13

(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 1667 Date 12-6-13

Signed Joe Williams

(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 1664 Date 12-6-13

Signed Charles D. August

Contact Info. (optional) _____