

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

WELL I.D. LABEL# L 112005
START CARD # 1021175
ORIGINAL LOG #



2/5/2014

(1) LAND OWNER Owner Well I.D.
First Name TELLY Last Name WIRTH
Company
Address 30550 WIRTH RD.
City SHEDD State OR Zip 97377

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing:
Material From To Amt sacks/lbs
Seal:

(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 80.00 ft.

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
12	0	27	Bentonite Chips	0	27	13	S
8	27	80					

How was seal placed: Method A B C D E
 Other POURED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 8 1 80 250
Shoe Inside Outside Other Location of shoe(s) 80
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Hoit Perforator
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Casing 8 55 79 25 1.5 480

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
200 _____ 80 1.5
Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LINN Twp 13.00 S N/S Range 3.00 W E/W WM
Sec 6 SW 1/4 of the NE 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
30550 WIRTH RD., SHEDD, OR 97377

(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration _____
Completed Well _____
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 30
SWL Date From To Est Flow SWL (psi) + SWL (ft)
10/3/2013 30 80 200 14

(11) WELL LOG Ground Elevation

Material	From	To
Soil	0	2
Brown Clay	2	18
Gray Claystone	18	30
gravel	30	80

RECEIVED BY OWRI
FEB 24 2014
SALEM, OR

Date Started 9/28/2013 Complete 10/3/2013

(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 _____ Date _____
Signed _____

(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 1879 Date 2/5/2014
Signed MICHAEL J MERRITT (E-filed)
Contact Info (optional) _____