

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company US FOREST SERVICE
 Address 4200 ROOSEVELT BLVD
 City EUGENE State OR Zip 97402

(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 Thrld
 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 180.00 ft.
BORE HOLE
 Dia From To Material From To Amt sacks/lbs

10	0	18	Bentonite	0	18	17.5	S
6	18	180				Calculated	8.22
						Calculated	

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 _____

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

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	18	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	2	180	sdr26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method saw
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		4	80	180	.125	6	100	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
23		180	1

 Temperature 48 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 68 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County LINN Twp 14.00 S N/S Range 7.00 E E/W WM
 Sec 20 SE 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.34156729 DMS or DD
 Long _____ " or -122.00035673 DMS or DD
 Street address of well Nearest address
USFS ROAD 2600, ICE CAP CRK CAMPGROUND\NMCKENZ
IE BRIDGE, OR 97477 WELL #1

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	5/21/2018			119

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 125.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/21/2018	125	180	23			119

(11) WELL LOG Ground Elevation _____

Material	From	To
sand and gravel	0	11
gray basalt	11	35
dense gray basalt	35	115
gray basalt	115	140
black/purple basalt	140	180

Date Started 5/17/2018 Completed 5/21/2018
(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 1859 Date 5/29/2018
 Signed CHESTON HENDRICKSON (E-filed)


(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 1553 Date 6/25/2018
 Signed JEFF HENDRICKSON (E-filed)
 Contact Info (optional) 1553

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

LINN 62396

6/25/2018

Map of Hole

STATE OF OREGON WELL LOCATION MAP	Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900	
This map is supplemental to the WATER SUPPLY WELL REPORT		
LOCATION OF WELL	Well Label: 128143	
Latitude: 44.3415672901 Datum: WGS84	Printed: May 29, 2018	
Longitude: -122.00035673380	<small>DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.</small>	
Township/Range/Section/Quarter-Quarter Section: WM 14S 7E 20 SENW	<small>Provided by well constructor</small>	
Address of Well: USFS ROAD 2600, ICE GAP CRK CAMPGROUND MCKENZIE BRIDGE, OR 97477		

