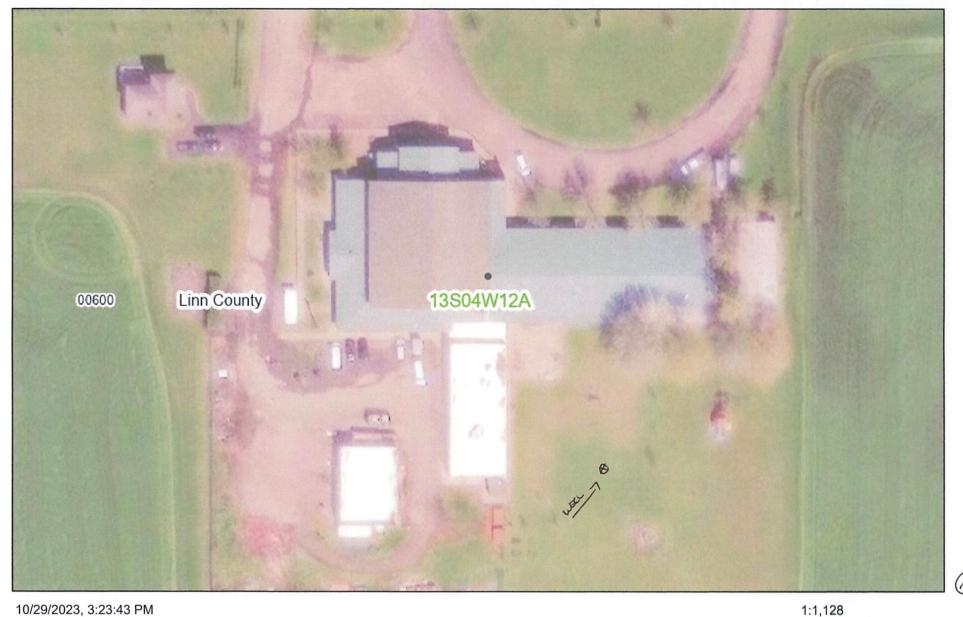
WATER SUPPLY WELL REPORT START CARD# (as required by ORS 537.765 & OAR 690-205-0210) **ORIGINAL LOG#** (1) LAND OWNER Owner Well I.D. LINN 64352 First Name Last Name (9) LOCATION OF WELL (legal description) Challenge Company Adult ? Teen County Lina Twp 13 Range Address 18600 SE Mclaucin RIVD Sec 12 NW 1/4 of the NE 1/4 Tax Lot 600 City Milwookie State New Well Tax Map Number Deepening (2) TYPE OF WORK " or N 44. 46059 DMS or DD Lat Alteration (complete 2a & 10) DMS or DD (2a) PRE-ALTERATION Street address of well Nearest address Casing 31700 Fayethville DR Shedd, OR 9737 From sacks/lbs Amt Seal (10) STATIC WATER LEVEL (3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud SWL(ft) SWL(psi) Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 1079-2 (4) PROPOSED USE Domestic Irrigation Flowing Artesian? Dry Hole? Community Industrial/ Commericial Livestock \_\_ Dewatering WATER BEARING ZONES Depth water was first found Thermal Injection SWL Date To Est Flow SWL(psi) + SWL(ft) (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 10-19-23 60 67 Depth of Completed Well 67 ft. **BORE HOLE SEAL** Dia From Material From To Cemen Calculated (11) WELL LOG Ground Elevation How was seal placed: \_в **Ж**с  $[]_{D}$ Method From Other Brew Tops ft. to \_\_\_ Backfill placed from \_\_\_ ft. Material Keen sody Gla Brows and 5 Breitel (Cemeter Filter pack from \_ ft. Material \_ ft. to \_\_\_\_ Explosives used: Yes Type\_ (5a) ABANDONMENT USING UNHYDRATED BENTONITE Blue grovel (Little son Proposed Amount Pounds Actual Amount (6) CASING/LINER Dia Casing From Liner K 2 Seal Placement Date: 10-19-23 Seal Placement Time: \_\_\_\_\_2!00 pm Construction Begin Date: 10-18-23 Shoe Inside Outside Other Location of shoe(s) 671/z Construction Begin Time: 9:30 Am Temp casing Yes From Construction End Date: 10-19-23 (7) PERFORATIONS/SCREENS Perforations Method Completed 10-19-23 Date Started 16-19-23 Screens Type Material Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ (unbonded) Water Well Constructor Certification creen Liner Dia width slots length pipe size 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 representation to the construction standards. the best of my knowledge and belief. License Number (8) WELL TESTS: Minimum testing time is 1 hour Signed Pump ( ) Bailer O Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) (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. Temperature <u>58</u> °F <u>Lab</u> analysis <u>Yes</u> By Water quality concerns? Yes (describe below) TDS amount 100 License Number Date Signed Contact Info (optional)

STATE OF OREGON

149670

WELL I.D. LABEL# L

N44.46059 W123.11794 L-149670 31700 FayettVille Dr. Shedd, OR. 97377



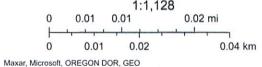
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