

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

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

(WELL I.D.)# L 84662
(START CARD) # 186296

(1) OWNER: Greg AINSWORTH Well Number _____
Name _____
Address 883 SOUTH ST.
City VALE State OR Zip 97913

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☐ No Depth of Completed Well 100 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sack or pounds
Diameter	From	To	Material	From	To	
<u>12</u>	<u>0</u>	<u>18</u>	<u>BENTONITE</u>	<u>0</u>	<u>18</u>	<u>20</u>
<u>6</u>	<u>18</u>	<u>100</u>				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6</u>	<u>+1</u>	<u>39</u>	<u>1/4</u>	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailor ☐ Air ☐ Flowing ☐ Artesian
Yield gal/min 21 Drawdown 39' Drill stem at 65 Time 2 hrs

Temperature of water 58° Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Color ☐ Other

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County MAZHWAN Latitude _____ Longitude _____
Township 18S N or S Range 45E E or W WM. _____
Section 19 SW 1/4 SW 1/4
Tax Lot 101 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

ALDER RD. VALE OR 97918

(10) STATIC WATER LEVEL:

26 ft. below land surface. Date 9-8-06
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 62

From	To	Estimated Flow Rate	SWL
<u>62</u>	<u>65</u>	<u>21</u>	<u>26</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>3</u>	
<u>CLAY BROWN FIRM</u>	<u>3</u>	<u>32</u>	
<u>CLAY BROWN LOOSE WITH GRAVEL MIX</u>	<u>32</u>	<u>37</u>	
<u>CLAY BLUE</u>	<u>37</u>	<u>62</u>	
<u>CLAY BLUE FRACTURED</u>	<u>62</u>	<u>65</u>	<u>26</u>
<u>CLAY BLUE</u>	<u>65</u>	<u>100</u>	

Date started 9-5-06 Completed 9-8-06

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed Plant T. H. H. H. WWC Number _____ Date 9-13-06

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

Signed Eric H. H. H. WWC Number _____ Date 9-13-06

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

SEP 18 2006
WATER RESOURCES DEPT
SALEM, OREGON