



STATE OF OREGON  
WATER SUPPLY WELL REPORT

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(as required by ORS 537.765)

(1) OWNER:

Well Number: 2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) TYPE OF WORK:

New Well  Deepening  Alteration/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 \_\_\_\_\_

Explosives Used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		socks or pounds
Diameter From	To	Material	From To	

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ to \_\_\_\_\_ Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ to \_\_\_\_\_ Size of gravel \_\_\_\_\_

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of Sheet(s): \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method: \_\_\_\_\_  
 Screen Type: \_\_\_\_\_ Material: \_\_\_\_\_

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
			1 hr.

Temperature of water 59 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? \_\_\_\_\_ By whom: \_\_\_\_\_

Did any strata contain water not suitable for intended use? (explain) \_\_\_\_\_

Depth of Strata: \_\_\_\_\_

WELL ID #     
START CARD #   

(9) LOCATION OF WELL by legal description:

County: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Section: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Street Address of Well (or nearest address): \_\_\_\_\_

(10) STATIC WATER LEVEL:

\_\_\_\_\_ Ft. below land surface Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per sq. in. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Est. Flow Rate	SWL

(12) WELL LOG:

Material	Ground Elevation:		SWL
	From	To	
Basalt Black	613	649	
Claystone Gray, Green	649	750	
Basalt Black Hard	750	838	
Claystone	838	865	
Basalt Brown soft	865	895	698
Basalt Black hard	895	995	
Basalt Black fractured	995	1000	690
Basalt Black	1000	1017	
Basalt broken	1017	1023	690
Basalt Black Hard	1023	1042	

**RECEIVED**

MAY 04 2001

WATER RESOURCES DEPT.  
SALEM, OREGON

**RECEIVED**

MAR 12 2001

WATER RESOURCES DEPT.  
SALEM, OREGON

Date Started: 11/21/99 Completed: 1/13/2000

(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 \_\_\_\_\_ WWC Number 1520  
Date 1/4/2000

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_  
Date \_\_\_\_\_