

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Name: Denny FrankAddress: Drawer 79City: Mill City State: OR Zip: 97360

(2) TYPE OF WORK:

(repair/

☒ 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 Test Well

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No

Depth of Completed Well: _____

Explosives Used ☐ Yes ☒ No Type: _____ Amount: _____

HOLE

SEAL

sacks or
pounds

Diameter	From	To	Material	From	To	sacks or pounds

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

Backfill placed from _____ to _____ Material: _____

from _____ to _____ Material: _____

Gravel placed from _____ to _____ Size of gravel: _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

LINER:

				☐	☐	☐	☐
				☐	☐	☐	☐

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method: _____☐ Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
			1 hr.

Temperature of water: _____ 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 # L
START CARD # 82080

(9) LOCATION OF WELL by legal description:

County: Marion Latitude: _____ Longitude: _____
Township: 8S Range: 2W
Section: 12 NW $\frac{1}{4}$ NW $\frac{1}{4}$
Tax Lot: N/A Lot: N/A Block: _____ Subdivision: _____
Street Address of Well (or nearest address): _____
1/3 Mile West of Howell Praise & Jordan

(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
106	109	10	46
127	153	50	46
391	396	100	81

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Top soil Brown	0	3	
Clay Brown Red-Brown	3	26	
Clay Brown Soft	26	61	
Clay Brown Gritty	61	72	
Rick - Crust Brown	72	75	
Basalt Med Black	75	78	
Basaltic Rubber Brown	78	93	
Basalt Med Black	93	106	
Basalt Med Black Fract	106	109	
Basalt Hard Black	109	127	
Inner Bed Black - Brown	127	153	H2O
Basalt Black Med	153	187	
Pum Black - Red	189	190	
Basalt Black Med	190	194	
Clay Blue - Gray Sticky	194	208	
Basalt Gray Black	208	219	
Sandstone Green	219	228	
Basalt	228	264	
Claystone Green Soft	264	273	
Basalt Gray Hard	273	276	
Claystone Gray Med	276	285	
Basalt Med Gray - Blue	285	391	
Basalt Course Grained Gray	391	396	
Basalt Med Gray Blue	396	417	
Basalt Course Grained Bluish Gray	417	490	
Basalt Gray - Red Streaks	490	588	
Basalt Gray - Green Inner Bed	588	677	

Date Started: 5/21/02Completed: 6/7/02

(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 723Date 6/17/02

(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 723Date 6/17/02

