

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100521

START CARD # 204892

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
 Company Curry and Company
 Address PO Box 9187
 City Brooks State OR Zip 97305

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

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other None

(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 109 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Am	lbs
8	0	109					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="radio"/>	<input type="radio"/>	8	<input checked="" type="checkbox"/>	1		.250	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S	Casing	Screen	Scrn/slot	Slot	# of	Tele/
cren	Liner	Dia	width	length	slots	pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 6 S N/S Range 2 W E/W WM
 Sec 17 SE 1/4 of the SW 1/4 Tax Lot 2100
 Tax Map Number _____ Lot _____
 Lat 45° 2' 42.0" or 45.045 DMS or DD
 Long -122° 57' 41.0" or -122.96138889 DMS or DD
 Street address of well Nearest address

8855 Pueblo Ave. Brooks OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	10-08-2009			35
Completed Well				

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Ground Elevation _____

Material	From	To
Casing was above ground level but recessed in a cement slab. Welded 1f. of 8in casing to bring above slab.		

RECEIVED

OCT 14 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-08-2009 Completed 10-08-2009

(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. Material used and information reported above are true to the best of my knowledge and belief.

License Number 1629 Date 10-13-2009
 Password: (if filing electronically)
 Signed _____

(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 1779 Date 10-13-2009
 Password: (if filing electronically)
 Signed *Flood Scope*
 Contact Info (optional)