

WELL I.D. LABEL#	112018
START CARD #	1030164
ORIGINAL LOG #	

5/11/2016

Owner Well I.D.

First Name _____ Last Name _____
 Company HUPP FARMS
 Address 19774 GRADE RD. SE
 City SILVERTON State OR Zip 97381

☒ New Well ☐ Deepening ☐ Conversion
ion (complete 2a & 10) ☐ Abandonment (complete 5a)

TIRE-ALLOCATION									
	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									
	Material		From	To	Amt	sacks/lbs			
Seal:									

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

PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

Special Standard ☐ (Attach copy)

Depth of Completed Well 670.00 ft.

BORE HOLE

Dike Hole			SEAL		Sacks/
Dia	From	To	Material	From	To Amt lbs
10	0	458	Bentonite Chips	0	35 17 S
6	458	670			Calculated 15.97
			Cement	35	458 105 S
					Calculated 113.54

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 _____

Proposed Amount	Actual Amount
-----------------	---------------

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
		6	☒	1.5	458	.25			☒	
			☐						☐	
			☐						☐	
			☐						☐	
			☐						☐	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 458

Temp casing ☐ Yes Dia _____ From _____ To _____

Perforations	Method	
Screens	Type	Material

[illegible]

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
80		670	1
80		670	1

Temperature 57 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 83

From	To	Description	Amount	Units
------	----	-------------	--------	-------

From	To	Description	Amount	Units

County MARION Twp 7.00 S N/S Range 1.00 E E/W WM
 Sec 21 NE 1/4 of the NW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____° _____' _____" or _____ DMS or DD
 Long _____° _____' _____" or _____ DMS or DD
☐ Street address of well ☒ Nearest address

1628 SILVER SPRINGS LN NE
SILVERTON, OR 97381

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	4/28/2016		360
Flowing Artesian?	☐	Dry Hole?	☐

WATER BEARING ZONES	Depth water was first found	3.00
---------------------	-----------------------------	------

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
4/6/2016	3	5	3		
4/11/2016	480	560	80		360

Ground Elevation

[illegible]

Date Started 4/5/2016 Completed 4/29/2016

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 reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Signed _____

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 1879 Date 5/11/2016

Signed MICHAEL J MERRITT (E-filed)

Contact Info (optional) Mike Merritt

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: