STATE OF OREGON

4 T 38 30 WELL i.D.# _

 IN/26E	-18ddd J	

WATER SUPPLY WELL REPORT (as required by ORS 537.765) Instructions for completing this report are on the last page of this form.	(START CARD) #
(1) OWNER: Name Trvin Rauch Address Star Rt. Box 4180 City Lexing to State DR Zip 97839 (2) TYPE OF WORK New Well Deepening Alteration (repair/recondition) Abandonment	(9) LOCATION OF WELL by legal description: County Morrow Latitude Longitude Township / Nor S Range 26 Bor W. WM. Section 18 SE 1/4 SE 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)
(3) DRILL METHOD: Rotary Air Rotary Mud Cable Auger Other (4) PROPOSED USE: Domestic Community Industrial Irrigation Thermal Injection Livestock Other	(10) STATIC WATER LEVEL: ft. below land surface. Artesian pressurelb. per square inch. Date (11) WATER BEARING ZONES:
(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well of the Explosives used Yes No Type Amount HOLE SEAL Diameter From To Material From To Sacks or pounds	Pepth at which water was first found From To Estimated Flow Rate SWL
How was seal placed: Method A B C D E	(12) WELL LOG: Ground Elevation
Other	Material From To SWL
Casing:	
Final location of shoe(s) (7) PERFORATIONS/SCREENS: Perforations Method Screens Type Material	Intermation on this report
From To Slot Number Diameter Size Casing Liner	From Department File's Marc A. Norton 9/16/98
(8) WELLTESTS: Minimum testing time is 1 hour Flowing Pump Bailer Air Artesian Yield gal/min Drawdown Drill stem at 1 hr.	Date started Completed
Temperature of water Depth Artesian Flow Found Was a water analysis done?	Signed
Depth of strata:	Signed Date