

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 85 46 7
START CARD # 16 356 9

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER _____ Well Number _____
 Name Angel Chavez
 Address 78473 Mountain View Rd
 City Boardman State OR Zip 97818

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/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 105 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	50	Cement	20	40	18 SKS
8	40	105	Perthane	0	20	125 SKS

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E
☒ Other Dry granular Bentonite

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	1	33	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 33

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50		105	1 hr.

Temperature of water 57° Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Maricopa Latitude _____ Longitude _____
Township 4 N N or S Range 25 E E or W. WM.
Section 20 NE 1/4 NE 1/4
Tax Lot 1700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

21 ft. below land surface. Date 12-15-06
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
80	96	50	21

(12) WELL LOG:

Ground Elevation _____

[illegible]

Date started 12-14-06 Completed 12-15-06

(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.

WWC Number _____
Signed _____ Date _____

(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 [Signature] WWC Number 759
Date 12-18-06