

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

MORR 51428

WELL I.D. # L

85469

START CARD #

163570

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

(1) LAND OWNER

Name Secul Rock Well Number _____
Address RD 820
City Trigun State OR Zip 97844

(2) TYPE OF WORK

☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD

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

(4) PROPOSED USE

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Construction: ☐ Yes ☒ No
Depth of Completed Well 75 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10	0	24	Bentone	0	24	1855
6	24	75				

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

☒ Other Dry grout
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter		Gauge	Steel	Plastic	Welded	Threaded
	From	To					
	6	71	75	50			

Liner:	Diameter		Gauge	Steel	Plastic	Welded	Threaded
	From	To					

Drive Shoe used ☐ Inside ☒ Outside ☐ None

Final location of shoe(s) 75

(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
40		75	

Temperature of water 57 Depth Artesian 75

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 (legal description)

County Morrow
Tax Lot 2006 Lot _____
Township 5N N or S Range 26E E or W WM
Section 25 NW 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 249 W Idaho St
Trigun, OR 97844

(10) STATIC WATER LEVEL

38 ft. below land surface. Date 12-28-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found		Estimated Flow Rate	SWL
From	To		
38	75	40	38

(12) WELL LOG

Material	Ground Elevation		SWL
	From	To	
5.14	0	2	
Sand	2	7	
Sand & Boulders	7	16	
Sand & Gravel	16	53	38
Gravel	53	57	
Sand & Gravel	57	75	1

RECEIVED

RECEIVED

MAR 23 2007

JAN 25 2007

WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 12-27-06 Completed 12-28-06

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

WWC Number _____ Date _____

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.

WWC Number 759 Date 12-28-06

Signed [Signature]

WATER RESOURCES DEPT

SALEM, OREGON