

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 72470  
START CARD # 190235

(1) LAND OWNER  
Owner Well I.D. \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company CITY OF WOOD VILLAGE  
Address 2055 NE 238TH DR  
City WOOD VILLAGE State OR Zip 97060

(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 \_\_\_\_\_ ft.  
BORE HOLE SEAL  
Dia From To Material From To Amt sacks/lbs

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 Std Plstc Wld Thrd  
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  
reen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ 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 MULTNOM Twp 1 N N/S Range 3 E E/W WM  
Sec 34 NE 1/4 of the NE 1/4 Tax Lot 800  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ ° 0 ' " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ ° 0 ' " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
23799 SHANNON ST

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Predeepening \_\_\_\_\_  
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  
See page 2 under remarks  
**RECEIVED**  
APR 01 2008  
WATER RESOURCES DEPT  
SALEM, OREGON

Date Started \_\_\_\_\_ Completed \_\_\_\_\_  
(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.  
License Number \_\_\_\_\_ Date \_\_\_\_\_  
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 1273 Date 03-28-2008  
Password: (if filing electronically) \*\*\*\*  
Signed *Floyd Sepp*  
Contact Info (optional) \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION**

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs

**FILTER PACK**

From	To	Material	Size

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○		□				○			
○		□				○			
○		□				○			
○		□				○			
○		□				○			
○		□				○			
○		□				○			
○		□				○			
○		□				○			
○		□				○			

**(7) PERFORATIONS/SCREENS**

Perf/S	Casing/ Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size

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

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

**Water Quality Concerns**

From	To	Description	Amount	Units

**(10) STATIC WATER LEVEL**

**Water Bearing Zones**

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

**(11) WELL LOG**

Material	From	To

**RECEIVED**

APR 01 2008

**WATER RESOURCES DEPT  
SALEM OREGON**

**Comments/Remarks**

Well casing was 16" above grade. Welded on 9" of 12" casing leaving top of 12" casing 25" above grade to accommodate a pump pedestal.