

WELL I.D.# 415632

STATE OF OREGON 505
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.

(START CARD) # 89590

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

(1) OWNER: _____ Well Number _____
Name JOHN EVERS
Address 9600 HARMONY Rd
City STANBACH State WV Zip _____

(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 200 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	19	BRAND	0	19	8 SACKS
6"	19	200				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other PSA 50

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:	6"	1	14	250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	2	200		☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SAC
☐ Screens Type _____ Material _____

Screens		Type	Material			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing Liner
120	200	7"	140	18		☒
						☐
						☐
						☐
						☐
						☐

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

☐ Pump	☐ Bailor	☒ 2 Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
4 +		200	1 hr.

Temperature of water 55 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: _____

Deputat de strada.

(9) LOCATION OF WELL by legal description:

County POLK Latitude _____ Longitude _____

Township 6 N or S Range 6 E or W WM.

Section 9 SW 1/4 NE 1/4

Tax Lot 400 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 9610 HARMONY AVE

(10) **STATIC WATER LEVEL:**

25 ft. below land surface. Date 6-18-9

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 125

From	To	Estimated Flow Rate	SWL
128	190	4+	25

(12) WELL LOG:

Ground Elevation _____[illegible]

Date started 6-16-97 Completed 6-18-97

(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.

WWC Number 1563

Signed R. G. Marshall Date 6-19-97