

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company S Luckiamute Domestic Water
 Address 28585 Sycamore Rd
 City Manamoth State OR Zip 97302 97361

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Casing:

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

 Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(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 49.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
21	0	49	Bentonite Chips	0	20	43	S
						Calculated	45.01
						Calculated	

How was seal placed: Method A B C D E
 Other POURED
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 20 ft. to 49 ft. Material GRAVEL Size pea gravel
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12		<input checked="" type="checkbox"/> 3	49	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method milled perf
 Screens Type _____ Material _____

Perf	Casing	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
		12	29	49	.125	3	960	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		49	1

Temperature 60 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 211 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County POLK Twp 9.00 S N/S Range 4.00 W E/W WM
 Sec 11 NW 1/4 of the SE 1/4 Tax Lot 600
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
6080 WIGRICH RD. INDEPENDENCE OR 97351

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	11/16/2016		9

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 16.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/10/2016	16	44	300		9

(11) WELL LOG Ground Elevation _____

Material	From	To
Soil	0	1
Clay	1	18
Gravel	18	44
Gray Clay	44	49

RECEIVED BY OWRD

FEB 06 2017

SALEM, OR

Date Started 11/7/2016 Completed 11/16/2016

(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 _____
 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 1879 Date 12/16/2016
 Signed MICHAEL J MERRITT (E-filed)
 Contact Info (optional) Mike Merritt