

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

SHER 50249

WELL LABEL # L 85679

START CARD # 188939

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

(1) LANDOWNER

Owner Well I.D. _____
First Name Don, Bill, Dale Last Name Martin
Company _____
Address PO BOX 201
City Rufus State OR Zip 97050

(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 _____

(4) PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 360 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
14	0	60	Cement	0	61		135
10	60	360					

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

☐ Other Pressure Pumped Bottom Up

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		10		1	60	.250	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
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(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
380	100 90	359	1

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units
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(9) LOCATION OF WELL (legal description)

County Stearns Twp 2 N or S Range 16 E or W W.M.
Sec 11 NE 1/4 of the SE 1/4 Tax Lot 1500
Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or _____ DMS or DD

Long _____ ° _____ ' _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 73154 Greenbriar Rd. Rufus OR 97050

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	3-30-07			70

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 272

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
3-30-07	272	284	380			70

(11) WELL LOG

Ground Elevation 900

Material	From	To
SOIL	0	24
SAND & GRAVEL	24	44
GREY BROWN BASALT	44	150
GREY BASALT	150	272
RED, GREY, BROWN ROCK		
BROKEN (WB)	272	284
GREY BASALT	284	360

RECEIVED

MAY 08 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 2-15-07 Completed 3-30-07

(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 Ben Tibbels

(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 1782 Date 5-6-08

Signed Jo White
Contact Info. (optional) _____