

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

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

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OCT 13 1995

(START CARD) #

56236

WATER RESOURCES DEPT.

(1) OWNER:

Name Peter Basekew Well Number _____
Address 773 Kenmore Circle
City Newbury Park State Ca. Zip 91320

(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 440

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10	0	18	Bentonite	18	10		
6	18	440					

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

☒ Other Poured dry

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	42	18	.250	☒	☐	☒	☐
Liner:	4	10	440	.60	☐	☒	☒	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
440	390	1/2"	60	4		☐	☒
200	180	1/8"	20	4		☐	☒

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
6		440	
			Time
			1 hr.

Temperature of water 61 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: _____

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County multa Latitude _____ Longitude _____
Township 4S N or S Range 32E E or W. WM.
Section 13 NE 1/4 NE 1/4
Tax Lot 2200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4 mi East on Albion Rd off Hwy 395

(10) STATIC WATER LEVEL:

200 ft. below land surface. Date 8-3-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 205

From	To	Estimated Flow Rate	SWL
205	205	1/2 gpm	200
420	420	6	200

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Silt & Rock	0	4	
Hard Rock	4	440	200

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WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-31-95 Completed 8-3-95

(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.

Signed Carl P. Pitcher WWC Number 494 Date 8-9-95

(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.

Signed Carl P. Pitcher WWC Number 494 Date 8-9-95