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STATE OF OREGON
WATER SUPPLY WATER RESOURCES DEPT.
(as required by ORS 537.765)

SALEM, OREGON

WELL I.D. # L 14301

START CARD # 106029

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

(1) OWNER: Well Number _____
Name Dennis Davis
Address 4778 N Jackstone
City Stockton State Ca Zip 95215

(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 380 ft.
Explosives used ☐ Yes ☒ No Type NO Amount NO

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	32	portland cement	0	32	8 Sacks
8	32	380				

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

Backfill placed from 0 ft. to 0 ft. Material 0
Gravel placed from 0 ft. to 0 ft. Size of gravel 0

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	0	32		☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
600 300+ 120 Flowing 375 250 1 hr.
Temperature of water 52°F Depth Artesian Flow Found 55 Feet
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 none
Depth of strata: none

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 2 N or S Range 32 E or W. WM.
Section 37 NE 1/4 35 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
Flowing ft. below land surface. Date _____
Artesian pressure 10 lb. per square inch. Date 11-26-97

(11) WATER BEARING ZONES:
Depth at which water was first found 55 Feet

From	To	Estimated Flow Rate	SWL
55	57	5 GPM	F10012
81	95	20 GPM	F15
126	130	100 GPM	F120
198	216	200 GPM	F150
279	290	300+ GPM	F180
379	399	600 GPM	F150

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	0	6	
Gravel	6	18	
Broken Basalt	18	20	
Gravel Basalt	20	55	
Black Basalt	55	57	Flowing
Gravel Basalt	57	79	
Red Basalt	79	81	
Red Sconia	81	95	Flowing
Gravel Basalt	95	100	
Red Basalt	100	112	
Gravel Basalt	112	126	
White sand/stone	126	130	Flowing
Gravel Basalt	130	136	
Red Basalt	136	140	
Brown Basalt	140	186	
Black Basalt	186	198	
Brown Sconia sp	198	216	Flowing
Black Basalt	216	279	
Brown Sconia/yellow	279	290	
Black Basalt	290	330	

Date started 11-21-97 Completed 11-26-97

(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 1663
Signed Antony Brown Date 11-27-97

(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 _____
Signed Terry Bond Date _____

