

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

WELL I.D. # L 48726
 START CARD # 140320

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

(1) **LAND OWNER** Well Number _____
 Name Alex Lefore John Lefore
 Address 1312 Lamb
 City Milton Freeport OR Zip 97862

(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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

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

(6) **CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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: _____

(9) **LOCATION OF WELL by legal description:**
 County _____ Latitude _____ Longitude _____
 Township 6 N or S Range 35 E or W. WM.
 Section 35 SE 1/4 SW 1/4
 Tax Lot 2200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rt 4 Box 227 MF OR 97862

(10) **STATIC WATER LEVEL:**
205 ft. below land surface. Date 7-20-01
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found _____

RECEIVED	Estimated Flow Rate	SWL
OCT 11 2001		
WATER RESOURCES DEPT. SALEM, OREGON		

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Cemented well	From 335'	To 357'	
To seal off water coming between liner + casing			
Cleaned out bottom of well	to 592'		
Well is caving & filling back to 587'			
Cleaned out grouted well	From 93' to 241'	To allow pump to fit in well bore	
From 7.5" to 9 7/8"			

Date started 7-10-01 Completed 8-20-01

(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 756
 Signed David Jeffrey Date 8/20/01