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WATER RESOURCES DEPT.
SALEM, OREGON

015/39E/05AD

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

(START CARD) # 74526

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

(1) OWNER: Well Number

Name David Hug

Address 68274 Hug Rd

City Summerville State OR Zip 97876

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds
			NA			

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
				NA	☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

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

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

☑ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
270			10 hrs

Temperature of water 50° 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 Union Latitude Longitude

Township 1S N or S Range 39E E or W. WM.

Section 5 SE 1/4 NE 1/4

Tax Lot 1500 Lot Block Subdivision

Street Address of Well (or nearest address) 68274 Hug Rd Summerville OR

(10) STATIC WATER LEVEL:

228 ft. below land surface. Date 8-25-95

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
409	420	100	228

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Black Basalt	400	405	
Grey Basalt	405	409	228
Broken Grey Basalt w/B	409	420	228'

Date started 4-24-95 Completed 8-25-95

(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.

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 413

Signed Robert V Stoffel Date 9-30-95

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER