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WATER RESOURCES DEPT.
SALEM, OREGON

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

Instructions for completing this report are on the last page

WELL I.D. # L 40101

START CARD # 90198

(1) OWNER: Well Number G13220

Name DANIEL HOYT

Address 57080 OR. HWY 203

City UNION State OR Zip 97883

(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
14"	0	5	Bentonite	0	3	3 bags

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

☒ Other Poured

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:	10	+1	5	.250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
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
	NONE					☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
DRY			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 UNION Latitude ____ Longitude ____

Township 2 N or (S) Range 37 (E) or W. WM.

Section 35 NE 1/4 NE 1/4

Tax Lot 2600 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) No Address off I-84 N. of Perry

(10) STATIC WATER LEVEL:

N/A ft. below land surface. Date ____

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found ____

From	To	Estimated Flow Rate	SWL
N/A			

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Top Soil w/ TAN LOAM	0	5	N/A
This is to show that the start date was met on Permit G 13220			

Date started 11-27-98 Completed 11-27-98

(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 1399

Signed Walter Lowe Date 4/12/2000

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