UNIO 51836

"DEPARTMENT GENERATED"
BY ROBERT MAYNARD 12-7-06

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

WELL I.D. # L 78287

START CARD # 159571

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

(1) LAND OWNER Well Number _____
Name DAN McDONALD
Address P.O. BOX 170
City SUMMERVILLE State OR. Zip 97841

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 285 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10	0	83	CEMENT	5	83	25 SACKS
			BENT.	0	5	3 SACKS

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other POUR 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	+2	130	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS
☐ Perforations Method N/A
☐ Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
3 GPM	285	285	1 HR.

Temperature of water 53 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: _____

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(9) LOCATION OF WELL (legal description)
County UNION
Tax Lot 700 Lot _____
Township 1 N N or S Range 38 E E or W WM
Section 34 NE 1/4 SW 1/4
Lat ___°___'___" or _____.____ (degrees or decimal)
Long ___°___'___" or _____.____ (degrees or decimal)
Street Address of Well (or nearest address) 62916 ORY CREEK LANE, SUMMERVILLE OR. 97876

(10) STATIC WATER LEVEL
150 ft. below land surface. Date 8-26-05
_____ 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
275	285	3 GPM	150

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
SOIL	0	2	
SAND, GRAVEL, BRN CLAY	2	50	
CEMENTED BRN CLAY AND	50	–	
SAND AND GRAVEL	–	285	150

Date Started 2-29-05 Completed 8-26-05

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 Date _____

Signed WALDO LOWE