UNIO 52640

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

5/9/2017

WELL I.D. LABEL# L 122657
START CARD # 1034131
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name JOSEPH&WENDY Last Name FISHER
Company
Address 68376 HUNTER RD
City SUMMERVILLE State OR Zip 97876

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 300.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
10	0	18	Bentonite Chips	0	18	11	S
6	18	300			Calculated	8.22	
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED DRY
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(•)	( )	6	[X]	2	298	.250	(•)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [X] Other Location of shoe(s)
Temp casing [ ] Yes Dia From + [ ] To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		300	2

Temperature 53 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 581 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County UNION Twp 1.00 ~~N~~ S N/S Range 38.00 E E/W WM
Sec ~~3~~ 2 ~~S~~NE 1/4 of the ~~S~~W NW 1/4 Tax Lot 901
Tax Map Number Lot
Lat ° ' " or 45.51701100 DMS or DD
Long ° ' " or -118.02598700 DMS or DD
(•) Street address of well ( ) Nearest address

69235 SUMMERVILLE RD
SUMMERVILLE, OR 97876

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	4/20/2017		[ ]	117

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 117.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/20/2017	117	280	10		[ ]	117
4/20/2017	280	300	60		[ ]	117
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation

Material	From	To
BROWN CLAY	0	117
BLUE CLAY,SAND	117	280
SAND, BLUE CLAY	280	300

RECEIVED BY OWRD
JUN 23 2017
SALEM, OR

Date Started 4/13/2017 Completed 4/20/2017

(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.

License 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.

License Number 1816 Date 5/9/2017

Signed STEVEN J COLEY (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: