

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT
SALEM, OREGON

MAY 04 2004

WASC 51027

WASC

51027

WELL I.D. # L 43351

START CARD # W146015

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

(1) LAND OWNER

Name CAROL JOHNSON Well Number 9
Address 52973 ENDERBET
City MANA PIN State OR Zip 97037

(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 732 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Backs	or pounds
10	0	78	CEMENT	0	78	68	
6	78	732					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other PRESSURE GROUT FROM BOTTOM UPBackfill 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	78	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Material	
☐ Perforations					
☐ Screens		Type		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size

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

		Flowing	
☐ Pump		☐ Artesian	
☐ Bailer		☒ Air	
Yield gal/min	Drawdown	Drill stem at	Time
10	100%	732	1 hr.

Temperature of water 55 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 WASC Latitude _____ Longitude _____
Township 5 S N or S Range 12 E or W. WM.
Section 19 SE 1/4 NW 1/4
Tax Lot 4600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

540 ft. below land surface. Date 1-30-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found <u>10</u>		From	To	Estimated Flow Rate	SWL
		713	732	10	540

(12) WELL LOG:

Ground Elevation 1700

Material	From	To	SWL
SOIL	0	8	
GRAVEL	8	12	
CONGLOMERATE	12	46	
GREY ROCK BROKEN	46	70	
GREY BASALT	70	114	
RED CLUDER	114	119	
GREY ROCK BROKEN	119	151	
SANDSTONE	151	223	
BROWN CLAY	223	230	
GREY ROCK BROKEN	230	632	
BROWN CLAY	632	640	
GREY ROCK BROKEN	640	713	
UNSATURATED BASALT WB	713	732	540

RECEIVED

RECEIVED

FEB 11 2002

MAR 09 2004

WATER RESOURCES DEPT.
SALEM, OREGONWATER RESOURCES DEPT.
SALEM, OREGONDate started 1-17-02 Completed 1-30-02

(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 1782
Signed J. O. Smith Date 1-30-02

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