## STATE OF OR WATER SUPP OR S37.765 & CALEBOARD

## **WASC 52331**

WELL LABEL # L 104359
START CARD # 206345

| Instructions for completing this report are on the last page of this form.             | ORIGINAL LOG #  |
|--|---|
| (1) LANDOWNER Owner Well I.D.  | (9) LOCATION OF WELL (legal description)  |
| First Name Colina Last Name Blaine John Company Dog RIVER ORLHAMS INC                  | County WISCO Twp 45 Nor S Range 12 2 E or W W.M.  |
| Address DO BOX 445   | Sec 34 55 1/4 of the 56 1/4 Tax Lot 5500  |
| Address DO DOX 445  City PACK DAGC State OR Zip 97041                                  | Tax Map NumberLot   |
| (2) TYPE OF WORK New Conversion Deepening  | Tax Map Number         Lot           Lat         " " or " DMS or DD   |
| Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)               | Long or DMS or DD   |
| (2a) PRE-ALTERATION: Well Depth  | Street Address of Well (or nearest address) AZYES RD. WANK  |
| Seal Material CEWINT + BENTONITE   | OR 97043  |
|  |   |
| Casing Type: Steel Plastic Other   | (10) STATIC WATER LEVEL   |
| Casing Gauge 250 Casing Diameter 8"  | Date SWL(psi) + SWL (ft)  |
|  | Existing Well/Pre-Alteration 9-10-14 530  |
| (3) DRILL METHOD    Rotary Air    Rotary Mud    Auger                                  | Completed Well 10-14-15 530   |
| ☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other   | Flowing Artesian? Yes Dry Hole? Yes   |
| (4) PROPOSED USE Domestic Irrigation Community   | WATER BEARING ZONES Depth water was first found 745   |
| ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection                           | SWL Date   From   To   Est Flow   SWL (psi)   + SWL (ft)  |
| ☐ Thermal ☐ Other  | 9-10-14 745 980 300 530   |
| (5) BORE HOLE CONSTRUCTION   |   |
| Depth of Completed Well ft. Special Standard: \( \subseteq \text{Yes (attach copy)} \) |   |
|  |   |
| BORE HOLE SEAL  Dia   From   To   Material   From   To   Amount   Seks/lbs             |   |
| Dia From To Material From To Amount Scks/lbs   | (11) WELL LOG Ground Elevation  |
|  | Material From To  |
|  |   |
|  | RECEIVED BY OWRD  |
| How was seal placed: Method  |   |
| Other  | 00T 1 & 2015  |
| Backfill placed from ft. to ft. Material   | OCT 1 6 2015  |
| ilter pack from ft. to ft. Material Size   |   |
|  | SALEM, OR   |
| (5a) ABANDONMENT USING UNHYDRATED BENTONITE:   | S/NaL(VI) VI  |
| Calculated Amount Proposed to be Used:sacks/lbs  |   |
| Actual Amount Used:sacks/lbs   |   |
|  |   |
| (6) CASING/LINER   |   |
| Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd                                |   |
| X 8 2 2 970 .500 X X   |   |
|  | Date StartedCompleted   |
|  |   |
| Shoe Inside Outside Other Location of shoe(s)  | (unbonded) Water Well Constructor Certification   |
| Temporary casing Yes Diameter From To  | 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        |
| composity vising [ 100 planteet110m10  | construction standards. Materials used and information reported above are true to   |
| (7) PERFORATIONS/SCREENS   | the best of my knowledge and belief.  |
| Perforations Method TONGTH   |   |
| Screens Type Material  | License Number Date   |
|  | Cirred  |
| Screen slot Slot # of pipe   | Signed  |
| Perf Scrn Csng Linr Dia From To width length slots size                                | (bonded) Water Well Constructor Certification   |
| X 955 970 1/4" 12" 100   | 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.   |
| (8) WELL TESTS: Minimum testing time is 1 hour   |   |
| ☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian   | License Number 1762 Date 10-14-15   |
| Yield gal/min   Drawdown   Drill stem/Pump depth   Duration (hr)                       | Signed 40 34th  |
|  | Signed  |
| emperature °F Lab analysis Yes By  | Contact Info. (optional)  |
| Water quality concerns?  Yes (describe below) TDSppm                                   | 1   |
|  |   |
| From To Description Amount Units   |   |
| From To Description Amount Units   |   |