**STATE OF OREGON**
**WATER SUPPLY WELL REPORT**
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

Wash 56319

WELL I.D. # L 18337
START CARD # 93988

**(1) OWNER:** Well Number
Name Danny & Lynn Peterson
Address 5508 NW Lizzie LN
City Gales Creek State Or. Zip 97117

**(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 200 ft.
Explosives used ☐ Yes ☒ No Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Sacks or pounds |
|---|---|---|---|---|---|---|
| 10 | 0 | 40 | Cement | 10 | 38 | 5 |
| | | | Bentonite | 0 | 10 | 5 |
| 6" | 38' | 200 | | | | |

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other
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" | 20 | 38 | 250 | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | 4" | 20 | 200 | 4" | ☐ | ☒ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s)

**(7) PERFORATIONS/SCREENS:**
☒ Perforations Method Cut with saw
☐ Screens Type Material

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 160 | 200 | 1/8 x 6 | 20 | | | ☐ | ☒ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 1 1/4 | | 200 | 1 hr. |
| | | | |

Temperature of water 54 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 Washington Latitude Longitude
Township 2N N or S Range 5W E or W. WM.
Section 36 QQ 1/4 SE 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address) 5508 NW Lizzie LN Gales Creek Or 97117

**(10) STATIC WATER LEVEL:**
12 ft. below land surface. Date 8-7-2000
Artesian pressure lb. per square inch. Date

**(11) WATER BEARING ZONES:**
Depth at which water was first found 180

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 180 | 195 | 1/4 | |
| | | | |
| | | | |
| | | | |
| | | | |

**(12) WELL LOG:**
Ground Elevation

| Material | From | To | SWL |
|---|---|---|---|
| Top Soil | 0 | 1 | |
| Red Clay | 1 | 18 | |
| Gray Clay Hard | 18 | 190 | |
| Gray Clay Soft | 190 | 200 | |

RECEIVED DEC 27 2000 WATER RESOURCES DEPT. SALEM, OREGON
RECEIVED AUG 14 2000 WATER RESOURCES DEPT. SALEM, OREGON

Date started 8-1-2000 Completed 8-7-2000

**(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 353
Signed Date 8-7-000

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