

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

WELL I.D. # L 02836
 START CARD # 147092

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

(1) LAND OWNER Well Number _____
 Name WEST VEIW MOBILE ESTATES
 Address 775 BAYWOOD DR. #318
 City PETALUMA, State CA Zip 94954

(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 410 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From	To	Material	From	To
			Seal not disturbed		

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
80 - 100		410	1 hr.

Flowing Artesian Air Bailer Pump

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom A.M.J.
 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 1S N or S Range 3W E or W. WM.
 Section 14 SE 1/4 NE 1/4
 Tax Lot 601 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) TOUNGE LANE
CORNEILLIUS, OR

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 6/18/02
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
/			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Air lifted at 410' for one hour.			
Existing well 8" dia.	0	410	22
No new construction done on existing well			

RECEIVED

JUN 25 2002

WATER RESOURCES DEPT
SALEM OREGON

Date started 6/18/02 Completed 6/19/02

(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.
 Signed [Signature] WWC Number 1749 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.
 Signed [Signature] WWC Number 1286 Date 6/19/02