

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

WASH
61341

JUL 15 2004

WELL I.D. # L 61340

START CARD # 165199

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

WATER RESOURCES DEPT

SALEM, OREGON

(1) OWNER Name Ralph Dumke Well Number _____
Address 1314 CATALINA
City Orange State CA Zip 92669

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Ben	0	19	11
6	19	604				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Ben.

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	1	19	250	☒	☐	☒	☐
Liner:	4	10	460	160	☐	☒	☐	☐

Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

		Method		Material	
☒ Perforations		<u>Saw</u>			
☐ Screens					
From	To	Slot size	Number	Diameter	Material
30	460	1/8	80	4	

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing
☐ Artesian			
Yield gal/min	Drawdown	Drill stem at	Time
22	unable		4

Temperature of water 57 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: _____

AUG 05 2004

(9) LOCATION OF WELL by legal description:

County Washington Latitude _____ Longitude _____
Township 3 N or S Range 2 E or W WM.
Section 12 SW 1/4 SW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 20310
Bramblewood, Sherwood Dr

(10) STATIC WATER LEVEL:

231 ft. below land surface. Date 5-24-04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
484	504	30 f	231

(12) WELL LOG:

Material	From	To	SWL
Brown Basalt	0	8	
Gray "	8	28	
Brown "	28	36	
Gray Brown "	36	74	
Gray "	74	97	
Gray Brown "	97	130	
Gray "	130	161	
Brown "	161	178	
Gray "	178	193	
Brown "	193	217	
Gray Broken "	217	283	231
Gray Brown "	283	290	
Gray "	290	330	
Brown "	330	341	
Gray "	341	381	
Brown Red "	381	405	
Brown Gray "	405	457	
Gray "	457	504	
Gray Fictive "	504		
Casing in cement			

Date started 5-12-04 Completed 5-24-04

(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 1229

Signed [Signature] Date 6-29-04

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

WATER RESOURCES DEPT
SALEM, OREGON