STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by OPS 537.765 & OAR 690-205-0210)

WASH 74669

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

(as required by ORS 537.765 & OAR 690-205-0210)	5/30/2016	ORIGINAL LOG#		
1) LAND OWNER Owner Well I.D.				
First Name KEVIN Last Name CAMERON	(9) LOC	ATION OF WELL (legal de	escription)	
Company		SHINGTON Twp 2.00 N N/		W F/W WN
Address 57975 NW WILSON RIVER HWY		NE 1/4 of the NW		
City GALES CREEK State OR Zip 97117				
	version Tax Map Nu	mber ' " or		DMS or DD
Alteration (complete 2a & 10) Abandonment(c				DMS or DD
2a) PRE-ALTERATION	Long	Street address of well Nea	arast address	_ DMS of DD
Dia + From To Gauge Stl Plstc Wld Thrd Casing:		SON RIVER HWY	mest address	
	37973 WIL	SON KIVEK IIW I		
Material From To Amt sacks/lbs Seal:				
3) DRILL METHOD	(10) STA	TIC WATER LEVEL		
Rotary Air Rotary Mud Cable Auger Cable Mud	' '	Date	SWL(psi) +	SWL(ft)
Reverse Rotary Other	Existing	g Well / Pre-Alteration		
		ted Well 5/15/2016		25
1) PROPOSED USE	y	Flowing Artesian?	Dry Hole?	
Industrial/Commericial Livestock Dewatering	WATER BE	ARING ZONES Depth was	ter was first found _	165.00
Thermal Injection Other	SWL Date	e From To Est	Flow SWL(psi)	+ SWL(ft)
5) BORE HOLE CONSTRUCTION Special Standard	(Attach copy) 5/15/2016	5 165 185	15	25
Depth of Completed Well 203.00 ft.	(7 ttuen copy) 3/13/2016	5 165 185	15	25
BORE HOLE SEAL	sacks/			
	Amt lbs			\vdash
10 0 20 Bentonite Chips 0 20	18 S			$\overline{}$
	9.13			
6 61 203 Cement 20 61	$\frac{4}{4}$ $\frac{S}{14}$ $\boxed{(11) \text{ WEL}}$	LLOG		
Calculated	4.14	Glound Elevation		
How was seal placed: Method A B XC D	E	Material	From	To
X Other POURED	topsoil brwn clay		0	6
Backfill placed from ft. to ft. Material		nd houlders	6	14
Filter pack from ft. to ft. Material Size	grey and bro		14	38
Explosives used: Yes Type Amount		one w/occ. brwn streaks	38	165
a) ABANDONMENT USING UNHYDRATED BENTON	ITE grey basalt 1	oroken	165	185
Proposed Amount Actual Amount	dark grey ba	ısalt	185	203
(i) CASING/LINER				
Casing Liner Dia + From To Gauge Stl Plstc	Wld Thrd			
● 6 X 2 61.5 .250 ● ○				
● 4 □ 2 188 200# □ ●				
Shoe Inside Outside Other Location of shoe(s) 6	1.5			
Temp casing X Yes Dia 10 From 0 To 20				
PERFORATIONS/SCREENS				
Perforations Method				
Screens Type johnson slotted Material pvc	Date Start	red5/12/2016 Comp	pleted <u>5/15/2016</u>	
Perf/ Casing/ Screen Scrn/slot Slot # of) Water Well Constructor Certific		
Screen Liner Dia From To width length slots Screen Liner 4 188 203 .01 .010	s pipe size	at the work I performed on the con		ng alteration of
Screen Liner 4 188 203 .01 .010		nt of this well is in compliance	′ 1	<i>U</i> ,
		n standards. Materials used and inf		
		ny knowledge and belief.	1	
	License Nu	mber Da	ite	
WELL TESTS: Minimum testing time is 1 hour				
Pump Bailer Air Flowing	Artesian Signed _			
		Vater Well Constructor Certificati	ion	
Yield gal/min Drawdown Drill stem/Pump depth Duration of 15 200 1.5	` ′			or abandoness
1.0		ponsibility for the construction, de med on this well during the construc-		
		during this time is in compliance		
Temperature 56 °F Lab analysis Yes By	construction	standards. This report is true to the	e best of my knowle	edge and belief.
	ppm License Nui	_	ate 5/30/2016	
Water quality concerns? Yes (describe below) TDS amount 785 From To Description Amount	Units Electise Nul	1930 Da	3/30/2010	
	Signed Jo	OHN ROSS (E-filed)		
	Contact Info	o (optional)		
ORIGINAL - WATER RI	ESOURCES DEPARTMENT			