

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

WELL LABEL # L 77100
START CARD # 208756

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company City of Dundee
Address PO Box 220
City Dundee State OR Zip 97115

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other no drilling

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 549.4 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
<u>No drilling or change in bore dia.</u>			<u>Not changed</u>			

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/> 2	220	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6	<u>casing existing</u>	210.5	549.4	sch 40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<u>removed existing</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method factory slotted
Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf Liner		240	260	0.1	2	2,400	
Perf Liner		310	350	0.1	2	4,800	
Perf Liner		395	455	0.1	2	7,200	
Perf Liner		500	540	0.1	2	4,800	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
245	80		48

Temperature 52 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County YAMHILL Twp 3 S N/S Range 3 W E/W WM
Sec 22 SW 1/4 of the SE 1/4 Tax Lot 600
Tax Map Number 3327 Lot _____
Lat _____ " or 0 _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
19321 Fairview Dr, Dundee, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	SWL (ft)
Existing Well / Predeepening	<u>04-10-2014</u>		<u>62</u>
Completed Well	<u>05-06-2014</u>		<u>60</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 62

SWL Date	From	To	Est Flow	SWL (psi)	SWL (ft)
<u>No drilling - NA</u>					

(11) WELL LOG Ground Elevation _____

Material	From	To
NO DRILLING PERFORMED		
Original log is YAMH 54149.		
ALTERATION CONSISTED OF:		
-Removed 6" steel liner.		
-Got Special Standard to leave slough and pea gravel.		
-Placed chip bentonite from 786' up to 554.5' (estimated 5520#; actual used 5050#).		
-Placed pea gravel from 554.5' up to 549.4'		
-Installed new 6" PVC liner with slotted screen.		
-Test pumped.		

RECEIVED BY OWRD
MAY 28 2014
SALEM, OR

Date Started 04-08-2014 Completed 05-09-2014

(unbonded) Water Well Constructor Certification
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 construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1367 Date 05-23-2014
Password: (if filing electronically) _____
Signed _____

(bonded) Water Well Constructor Certification
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.
License Number 649 Date 05-23-2014
Password: (if filing electronically) _____
Signed _____
Contact Info (optional) _____