DOUG 52764

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

WELL I.D. # L 51386
START CARD # 143524

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

(1) LAND OWNER Well Number _____
Name Jeff House
Address 778 Pack Lane
City Glendale State Oregon Zip 97442

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	18	Bentonite	0	18	6 sacks
6	18	75				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Dry Poured
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	39	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	0	75	160	☐	☒	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) 39

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Saw
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
55	75	¼X6	60			☐	☒
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
18		75	1 hr.

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: _____

(9) LOCATION OF WELL by legal description:
County Douglas Latitude _____ Longitude _____
Township 32 N or S Range 5 E or W. WM.
Section 16 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 778 Pack LAne

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 10/18/01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
45	57	18	15

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	22	
Decomposed Granite			
Consolidated			
Decomposed Granite	22	58	
Brown Black White			
Consolidated			
Tombstone Granite	58	75	
Black White			
Consolidated			

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OCT 22 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10/18/01 Completed 10/18/01

(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 1251
Signed Michael Pierce Date 10/19/01

(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 1251
Signed Michael Pierce Date 10/19/01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER