AMENDED

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

WHEE 50479

8/30/2018

WELL I.D. LABEL# L 129796
START CARD # 1039740
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name JOE Last Name CRAWFORD
Company
Address 124 E 3RD ST
City MOLALLA State OR Zip 97038

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 202.00 ft.

BORE HOLE

Dia	From	To
12	0	56.5
8	56.5	202

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	56.5	36	S
		Calculated	32.04	
		Calculated		

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	8	☒	1.5	56.5	.250	●	○	☒	☐
○	●	6	☐	32	202	.188	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☒ Other Location of shoe(s) 56.5
Temp casing ☐ Yes Dia From + ☐ To

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	6	132	152	.125	3	186	
Perf	Liner	6	172	192	.125	3	186	

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10		202	1

Temperature 47 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 45 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WHEELER Twp 7.00 S N/S Range 21.00 E E/W WM
Sec 19 NW 1/4 of the NW 1/4 Tax Lot 3603
Tax Map Number Lot
Lat ° ' " or 44.94665605 DMS or DD
Long ° ' " or -120.25201557 DMS or DD
◉ Street address of well ○ Nearest address
45644 HWY 218 FOSSIL OR 97830

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	7/31/2018			37

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 7.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/30/2018	7	15	2			7
7/31/2018	64	188	10			37

(11) WELL LOG

Ground Elevation

Material	From	To
Top Soil Dark	0	3
Broken Diced Rock 3" Dark soil	3	12
Brown Clay Stone midd	12	48
Green clay Stone	48	64
Diced 1" to 2" Rock	64	74
Green clay stone 1" to 2"	74	160
Diced rock gravals 1" to 2"	160	188
Milti colored rock - stone marron - gray	188	202

Date Started 7/30/2018 Completed 7/31/2018

(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 Date

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 1970 Date 8/30/2018

Signed NEIL FAGEN (E-filed)
Contact Info (optional) 541-548-1245

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

WHEE 50479

8/30/2018

Map of Hole

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900

LOCATION OF WELL

Latitude: 44.9466560545 Datum: WGS84
Longitude: -120.25201556682
Township/Range/Section/Quarter-Quarter Section:
WM 6S 2W 34 NWNW
Address of Well:
45644 HWY 218 FOSSIL OR 97830, FOSSIL, OR 977116

Well Label: 129796

Printed: August 26, 2018

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor