

START CARD # 140701

(as required by ORS 537.765)

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

(1) LAND OWNER _____ Well Number _____
 Name Marianne F. Larsen
 Address 3807 Strickland Canyon Rd.
 City Roseburg State OR Zip 97470

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	78	Cement	78	40	14 sacks
			Bentonite	40	0	22 sacks
6"	78	162				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other Bentonite Poured Dry

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"	+2	78	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	2'	162	16/160	☐	☒	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SKILSAW
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
82'	162'	4"	188	1/8"	4"	☐	☒
						☐	☐
						☐	☐
						☐	☐

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

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

6 1/2		162'	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 Logan Latitude _____ Longitude _____
Township 28 N of S Range 07 E of W WM
Section 23 SW 1/4 NW 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

57' ft. below land surface. Date 7/2/02
Artesian pressure _____ lb. per square inch Date _____

•(11) WATER BEARING ZONES:

Depth at which water was first found — 92'

From	To	Estimated Flow Rate	SWL
92'	96'	5 GPM	57'
132'	136'	1 1/2 GPM	57'

(12) WELL LOG:

Ground Elevation

[illegible]

Date started 6/27/02 Completed 7/2/02

(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.

Signed _____ WWC Number _____
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.

Signed Sean Oldham WWC Number 1562 Date 7/30/02