

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.740)

DAKF
 50830

SC. # 84991
 Well ID# 15324

(1) **OWNER:**
 Name: John Alford
 Address: PO Box 259
 City: Nez Perce, Oregon State: OR Zip: 97501
 Owner's Well Number: 15324

(2) **TYPE OF WELL:**
 New Well Deepen Repair/alter Abandon

(3) **DRILL METHOD:**
 Rotary Air Rotary Mud Cable Other
Rotary Mud

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) **BORE HOLE CONSTRUCTION:**
 Depth of Completed Well: NA ft.
 Special Standards date of approval: _____

BOLE Diameter	From		To	SEAL Material	From		To	Amount sacks or pounds

How was seal placed? Method A B C D R
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Casing/Liner	Diameter	From		To	Gauge	Steel	Plastic	Welded	Threaded

Final location of sheet: _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method: Mills Knife
 Screens Type: _____

From	To	Slot size	Number	Diameter	Telepipe size	Casing	Linear
146	189	2-3/4"	23	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time
550+	186 FT	2207	1 hr
550+	186.5	2207	

Temperature of water: 22.6 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 Murky Other Cased Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
 County: Wagon Lat/long: _____
 Township: N 38 Range: 38 Section: 36 NE
 NE 1/4 NE 38 36
 Tax lot: 300 Lot _____ Block _____ Subdivision _____
 State Address of Well for tax/rent address: 14649 Nez Perce Ave

(10) **STATIC WATER LEVEL:**
30 ft. below land surface. Date: 5/10/01
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WELL LOG:** Ground elevation: _____

Material	From	To	WB*	SWL
NA				

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WATER RESOURCES DEPT - I
 SALEM, OREGON

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SEP 04 2001

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started: 5/9/01 Completed: 5/10/01

(unbonded) **Water Well Constructor Certification:**

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed: _____ Date: _____

(bonded) **Water Well Constructor Certification:**

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed: Jim Gifford Date: 5/10/01
 Company: SALEM Bond # 77605014
 400 North _____

to: SALEM