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66322

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

MAR 16 1995

WATER RESOURCES DEPT. (START CARD) #

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

SALEM, OREGON

16  
BENT  
1542

(1) OWNER:

Well Number \_\_\_\_\_  
Name RUSSEL UNDERWOOD  
Address 8766 SPRINGHILL DR.  
City ALBANY State OR Zip 97321

(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 mint still

(5) BORE HOLE CONSTRUCTION:

Special Construction approval  Yes  No Depth of Completed Well 37 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
15"	0	18	Bentonite	0	18	18
10"	18	37				

How was seal placed: Method  A  B  C  D  E

Other DRY 3/8 Hole plug

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: 10"	0	37	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 37'

(7) PERFORATIONS/SCREENS:

Perforations Method MILL KNIFE

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19	35	3/8x5	360			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian  
Yield gal/min 80 Drawdown 0 Drill stem at \_\_\_\_\_ Time 1 hr

Temperature of water 50° 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 BENTON Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 10 N or S Range 4W E or W. WM. \_\_\_\_\_  
Section 10 1/4 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 8766 SPRINGHILL DR. ALBANY OR

(10) STATIC WATER LEVEL:

2' ft. below land surface. Date 2/27/95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
<del>19</del>	<del>37</del>	<u>80 gpm</u>	<u>2</u>

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
BROWN SOIL	0	14	
Blue CLAY	14	16	
Blue SAND GRAVEL	16	36	
BROWN CLAY GRAVEL	36	37	

Date started 2/13/95 Completed 2/27/95

(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 \_\_\_\_\_  
Signed \_\_\_\_\_ 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.

WWC Number 625  
Signed Tat Redden Date 2/27/95