NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

WATER WELL REPORT ECEIVE

STATE OF OREGON

(Please type or print)

(Do not write above this line)

(CALLY OREGON)

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| (1) OWNER: | NER: (11)-LOCATION OF WELL: | | |
|--|--|---------------------------|--|
| Name Mr. Dave H. Jordan | ounty Benton Driller's well number | | |
| Address R.R.4, Albany, Oregon 97321 | - 11 - 20 | R. L W.M. | |
| (a) Type of the property (1.1) | Bearing and distance from section or subdivision co | | |
| (2) TYPE OF WORK (check): | | | |
| New Well 🕱 Deepening 🗌 Reconditioning 🗍 Abandon 🗆 | | | |
| If abandonment, describe material and procedure in Item 12. | | | |
| (3) TYPE OF WELL: (4) PROPOSED USE (check): | (12) WELL LOG: Diameter of well below | 0= | |
| Rotary Driven Domestic Industrial Municipal | | v casing | |
| Dug ☐ Bored ☐ Irrigation ☐ Test Well ☐ Other ☐ | Depth drilled 11 ft. Depth of completed | | |
| CASING INSTALLED: Threaded Welded T In Gage ft. to ft. Gage | Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates. | | |
| 12 " Diam. from 1 ft. above land, surface to line from 1 ft. below land, surface | MATERIAL Fr | om To SWL | |
| DEDUCE A MICANG | m | | |
| PERFORATIONS: Perforated? → Yes □ No. | Top soil | 0 41 | |
| Type of perforator used Cutting torch | 70 7 | | |
| Size of perforations 3/8 in. by 8 in. | Brown clay | 11 111 | |
| perforations from ft. to ft. | C7 0 7 7 |),1 27 I | |
| 71 perforations fromft. toft. 71 perforations fromft. | Clay & gravel | 4, 51, | |
| perforations from ft. to ft. | Med. gravel 2 | 71 101 711 | |
| perforations from ft. to ft. | (water bearing) | 10- 10- | |
| perforations from ft. to ft. | - (water hearing) | | |
| (7) SCREENS: Well screen installed? Yes 7 No | Blue clay | 101 111 | |
| Manufacturer's Name | | | |
| Type Model No | | | |
| Diam. Slot size ft. to ft. | Market Control of the | | |
| Diam. Slot size Set from ft. to ft. to ft. | | | |
| (8) WATER LEVEL: Completed well. | | | |
| tic level 1), ft. below land surface Date 8-21-68 | | | |
| Assessian pressure lbs. per square inch Date | | | |
| | | | |
| (9) WELL TESTS: Drawdown is amount water level is lowered below static level | | | |
| Was a pump test made? [Yes [No If yes, by whom? | | | |
| d: gal./min. with ft. drawdown after hrs. | Work started August 19, 1968 Completed | | |
| " " " | Date well drilling machine moved off of well | August 23,19 68 | |
| n n n | Drilling Machine Operator's Certification: | | |
| Bailer test 30 gal./min. with 2 ft. drawdown after 1hrs. | This well was constructed under my direct | supervision. Mate- | |
| | rials used and information reported above as knowledge and belief. | re true to my best | |
| Artesian flow g.p.m. Date | $\bigcap I \cap I/A = I$ | o /n m //O | |
| Temperature of water 50 Was a chemical analysis made? ☐ Yes 🕱 No | [Signed] | e 9/17/68 , ₁₉ | |
| (10) CONSTRUCTION: | | | |
| Well seal—Material used Clay & Bentonite | Drilling Machine Operator's License No. 34. | | |
| Depth of seal | Water Well Contractor's Certification: | | |
| Diameter of well bore to bottom of seal | | a and this report is | |
| Were any loose strata cemented off? Yes No Depth | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. | | |
| Was a drive shoe used? □ Yes □ No | NAME ART CLINTON WELL DRILLING CO. | | |
| Did any strata contain unusable water? Yes XNo | (Person, firm or corporation) (Type or print) | | |
| Type of water? depth of strata | Address Rt.1, Box 2, Independence, Oregon 97351 | | |
| Method of sealing strata off | 01000 | | |
| Was well gravel packed? Y Yes \(\subseteq No \) Size of gravel: #2 round | [Signed] With Cleaning (Water Well Contractor) | | |
| | | | |
| Gravel placed from | Contractor's License No Date Date | / <u>5</u> 8 | |