

BENT 53718

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

WELL I.D. # L 50999
 START CARD # 144644

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

(1) **LAND OWNER** Well Number T-3
 Name City of Monroe
 Address PO Box 486
 City Monroe State OR Zip 97456

(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 test well

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 252 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	64	Cement w/ 4% bentonite	0	64	18	
6"	64	252					

How was seal placed: Method A B C D E
 Other _____

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"	+3'	65	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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>(This section is crossed out with a diagonal line)</i>							

(8) **WELL TESTS:** Minimum testing time is 1 hour
 well output may fluctuate
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
230	240.7	250	1 hr.

Temperature of water 51° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom SEP 02 2008
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored WATER RESOURCES DEPT
 Depth of strata: _____ SALEM, OREGON

(9) **LOCATION OF WELL by legal description:**
 County Benton Latitude _____ Longitude _____
 Township 14 S N or S Range 5 W E or W. WM.
 Section 33 SE 1/4 NE 1/4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 24800 Hwy 99 W
Monroe, OR

(10) **STATIC WATER LEVEL:**
9.3 ft. below land surface. Date 4/10/02
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 19

From	To	Estimated Flow Rate	SWL
171	175	125	
220	230	+105	

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Gravel, small w/ clay	2	30	
Clay, blue gray w/ sm. med gravel	30	57	
Sandstone, blue/gray	57	153	
Sandstone, blue/gray hard	153	175	
Sandstone, blue/gray very hard	175	219	19
Sandstone, blue/gray firm	219	252	19

Date started 3/29/02 Completed 4/10/02

(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 _____ Date _____ WWC Number _____

(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 Paul Christensen WWC Number 636
 Date 4/21/02

RECEIVED

SEP 02 2008

WATER RESOURCES DEPT
 SALEM, OREGON