

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

16
CLAC
20283

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MAY 30 1995

25/65/2400

WATER RESOURCES DEPT. (START CARD) # 76683

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

(1) OWNER: Well Number 262
Name Salmon Valley Water District
Address PO Box 248
City Brightwood State OR. Zip 97011

(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 180 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	60	cement	0	60	26
6	60	180				

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	+2	180	1/4	<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) 180

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100	100	160	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 54 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: _____

SALEM, OREGON
(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 2 N or S Range 6 E or W. WM.
Section 24 SE 1/4 SE 1/4
Tax Lot 4800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 20271 Ernst Rd.

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date 5/17/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	50	30	15
140	180	100	7

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
top soil	0	1	
clay/sand brown	1	3	
clay/boulders gray	3	30	
gravel/sand gray	30	50	15
clay gray	50	75	
clay/sand/gray gray	75	140	
gravel/sand gray	140	180	7

Date started 5/15/95 Completed 5/17/95

(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.
Signed Leonard Blair WWC Number 1622 Date 5/24/95

(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 Rocky C. Galt WWC Number 663 Date 5/24/95