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CLAC 04632

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STATE OF OREGON WATER WELL REPORT

State Well No.

SALEM, OREGON STATE OF OREGON 67740

State Permit No.

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

(1) OWNER: Name S.P. Rose Address Rt 1 Box 159 Bluff Creek, Oreg

(2) LOCATION OF WELL: County CLACK. Owner's number, if any—

(3) TYPE OF WORK (check): New Well [x] Deepening [] Reconditioning [] Abandon []

PROPOSED USE (check): Domestic [] Industrial [] Municipal [] Irrigation [x] Test Well [] Other []

(6) CASING INSTALLED: 6" Diam. from 0 ft. to 257.9 ft. Gage 250

(7) PERFORATIONS: Perforated? [x] Yes [] No Type of perforator used Mill Knife

(8) SCREENS: Well screen installed [] Yes [x] No Manufacturer's Name

(9) CONSTRUCTION: Was well gravel packed? [] Yes [x] No Size of gravel: Gravel placed from

(10) WATER LEVELS: Static level 207 ft. below land surface Date Artesian pressure

Log Accepted by: [Signature] Date

(11) WELL TESTS: Drawdown is amount water level is lowered below static level Was a pump test made? [] Yes [] No

(12) WELL LOG: Diameter of well 6 inches. Depth drilled 257 ft. Depth of completed well 257 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

Table with columns MATERIAL, FROM, TO. Rows include Top soil, yellow clay, Brown clay, Lava Rock, Soft red lava rock, clay & cement gravel, yellow clay, cement gravel, water bearing cement.

Work started March 1960 Completed April 1960

(13) PUMP: Manufacturer's Name Type: H.P.

Well Driller's Statement: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME A.O. Olson (Person, firm, or corporation) Address Rt 1 Box 565 Bluff Creek

Driller's well number [Signature] License No. 282 Date April 12, 1960