

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

(START CARD) # 095314

CLAC
51476

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

☐ Pump
 ☐ Bailer
 ☒ Air=
 ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
550		400	1 hr.

Temperature of water 89 56 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: _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed by me or by the contractor on the project 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 Robert C. Ehl WWC Number 663 Date 2/18/9

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER