

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

Dege
1150

DEC 31 1991

155/10E/26ac

(START CARD) # 35121 labeled

(1) OWNER: Well Number: _____
 Name Barbara Sharpf
 Address 3730 Turnbridge Wells
 City Salem, Oxx State Oregon Zip 97302

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 393 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
<u>10"</u>	<u>358</u> <u>393</u>			

How was seal placed: Method A B C D E
 Other seal undisturbed
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel				Welded		Threaded	
				Plastic	Welded	Threaded	Plastic	Welded	Threaded		
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoets) _____

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

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time
pump test to be made 1 hr.

Temperature of water _____ 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: _____

(9) LOCATION OF WELL by legal description:
 County Des Latitude _____ Longitude _____
 Township 15 S Nor S. Range 10 E E or W. WM. _____
 Section 26 SW 1/4 NE 1/4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Harrington Loop

(10) STATIC WATER LEVEL:
287 ft. below land surface. Date 11-30-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
concrete LC	153	200	
brkn hd new bore ? LC	200	265	
very hd new bore ? LC	265	300	
med hd new bore ? LC	300	320	
med new bore LC	320	393	
Original bore under gauge (xxxxx (10"))			
also misaligned.			
poured 21 yds Redi-mix w-aggregate			
	358-153		

Date started 11-27-91 Completed 11-30-91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number 1575
 Date 11-30-91

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 595
 Date 11-30-91