

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

**RECEIVED**

SEP 12 1986

DESC 1889

143/10E-336d

WATER RESOURCES DEPT.

(1) **OWNER:**  
 Name ANCEL Ricsh Owner's Well Number SALEM OREGON  
 Address 4360 Ivy Way N.E  
 City SALEM State Ore. Zip 97305

(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:**  
 Depth of Completed Well 80 ft.  
 Special Standards date of approval \_\_\_\_\_

HOLE meter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	0	20	Cement	0	20	16

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	SEAL			
				Steel	Plastic	Welded	Threaded
Casing: 6	±2	80	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"/>

location of shoe(s) \_\_\_\_\_

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method MACHINE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	80	1/8x2	225	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing  
 Artesian  
 Yield gal/min \_\_\_\_\_ Pumping level \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1/4 hr \_\_\_\_\_  
25 \_\_\_\_\_ 77 FT. 2 hr.

Temperature of water 77 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 Deschutes Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 14S N or S, Range 10E E or W, WM.  
 Section 33 S.E. 1/4 N.W. 1/4  
 Tax Lot \_\_\_\_\_ Lot 15 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) INDIAN FORD MEADOWS

(10) **STATIC WATER LEVEL:**  
30 ft. below land surface. Date 6-4-83  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	WB?	SWL
Overburden	0	6		
FR-SANDSTONE ZONE	6	59	<input checked="" type="checkbox"/>	30
CONG. WATER BEARING GRAY	59	80	<input checked="" type="checkbox"/>	

Date started 6-3-83 Completed 6-4-83

(unbonded) **Water Well Constructor Certification:**  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) **Water Well Constructor Certification:**  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.  
 Signed E. Gordon Davidson Date 9-11-86  
 Company DAVIDSON-SMITH Co. Job No. \_\_\_\_\_