

AUG 31 2005

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL ID. # L ~~78983~~ 78985
START CARD # 174758

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
Name WILLIAM McMICHAEL Well Number _____
Address 2235 CHEMEKETA NE
City SALEM State OR Zip 97301

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	18'	3/4" HOLE	0	18'	13	
6"	18'	31'	PLUG				

How was seal placed: Method A B C D E
 Other 3 MIN. POUR/BAG

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"	0	18'	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	6'-5"	31'	SDR 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type SAWCUT Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
26'	31'	.010	1950	2"	4 1/2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 15 Drawdown 11' - 2" Drill stem at _____ Time 1 hr.

Temperature of water 46° 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 NONE
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County DESCH Latitude _____ Longitude _____
Township 21 N or S Range 10 E or W. WM.
Section 1B NE 1/4 NW 1/4
Tax Lot 10401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 54764 PINWOOD AVE.

(10) STATIC WATER LEVEL:
16'-8" ft. below land surface. Date 8-1-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 18'

From	To	Estimated Flow Rate	SWL
18'	31'	15 GPM	16'-8"

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
PUMMIE	0	4'	
GRAVEL BROWN	4'	18'	
BROWN SAND COARSE	18'	31'	16'-8"

Date started 8-1-05 Completed 8-1-05

(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.
WWC Number _____
Signed _____ Date _____

(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.
WWC Number 1614
Signed Sam Olson Date 8-24-05