

15

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

0009
1256

FEB 16 1993

30s/1w/18

(START CARD) # 44040

WATER RESOURCES DEPARTMENT

(1) OWNER: Well Number SALEM, OR

Name Glen Hamilton
Address P.O. Box 64
City Tiller State ORE Zip 97484

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 18	Portland	18 0	16 sacks	
6"	18 160				

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	Steel	Plastic	Welded	Threaded
Casing: 6"	+2 18	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-3 157	SDR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method skill saw
 Screens Type _____ Material _____

From To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40' 160'	1/4"	96			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
4 1/2 GPM	140'	159	1 hr.

Temperature of Water 41° 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: 93'

(9) LOCATION OF WELL by legal description:

County Douglas Latitude _____ Longitude _____
Township 34-S N or S. Range 1-W E or W. WM. _____
Section 18 1/4 _____ 1/4 _____
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 100-300 Terry Ave
Tiller, OR

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 2-4-93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 93'

From	To	Estimated Flow Rate	SWL
93'	94'	4 1/2 GPM	20'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	7	
Brown Sand/rock	7	63	
Sand/rock/Quartz	63	121	20'
Sand/rock/Volcanic	121	160	

Date started 2-2/93 Completed 2/4/93

(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 Gary Mohr WWC Number 1211
Date 2/16/93

(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 Blaine K. Wade WWC Number 617
Date 2-10-93