MEGEWY. OCT n 2 1989 STATE OF OREGON WATER WELL REPORT (START_CARD) # (as required by ORS 537.765) WATER RESOURCES DEAT Well Number SALEM. ORF (9) LOCATION OF WELL by legal description: (1) OWNER: Name ALEX BOUTACOFF ________ Longitude County JACKCS O. Mitude ____ Address 16005 HIWAY 62 Township 34N Nor S, Range 1W _E or W. WM. Zip97524 EAGLE POINT State Section 10CC (2) TYPE OF WORK: Tax Lot 2600 Lot ______ Block _ Subdivision. Street Address of Well (or nearest address) 240 SCHOOL HOUSE Abandon Deepen Deepen ☐ Recondition XX New Well LANE, SHADY COVE, OR (3) DRILL METHOD XX Rotary Air ☐ Rotary Mud ☐ Cable (10) STATIC WATER LEVEL: Other 37 ___ ft. below land surface. Date 9-18-89 (4) PROPOSED USE: Artesian pressure ______ lb. per square inch. Date . XX Domestic ☐ Community ☐ Industrial ☐ Irrigation (11) WATER BEARING ZONES: \square Other ☐ Thermal ☐ Injection Depth at which water was first found (5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Yes No XX From То Estimated Flow Rate SWL Depth of Completed Well 122 ft. Yes No. 54 106 40GPM 37 \square \square Туре Explosives used Amount HOLE SEAL Amount Diameter From To Material From T_0 sacks or pounds (12) **WELL LOG:** 10" 36 CEMENT 0 36 8SACKS Ground elevation 6" 36 122 SWL SOIL, **BROWN** 2 XXC CLAY, BROWN 2 23 Other _ GRAVEL, SMALL, WITH 23 35 Backfill placed from_ ft. to Material CLAYSTONE, BROWN 35 41 Gravel placed from Size of gravel CLAYSTONE. BLUE.SOFT 41 96 (6) CASING/LINER: CLAYSTONE, GREY 96 109 Diameter From To Gauge Steel Plastic Welded Threaded CLAYSTONE. BLUE 109 | 122 37 250XX 44 XX 122 Liner: XX X Final location of shoe(s) (7) PERFORATIONS/SCREENS: XXPerforations Method . ☐ Screens Material Type . Slot Tele/pipe From Number Diameter Casing size Liner 122 1X8X8 10b XX П

☐ Artesian

Time

1 hr.

(unbonded) Water Well Constructor Certification:

9-18-89

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.

Completed

				WWC Number		
Signed	MEDINA	MELL	DRILL ING	Date		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11 1-27 Van 12-3	L.S. B. L. R. B. B. B. B. B.	2400	_	

(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 WWC Number 9-18

STATISTOR	FIRST CODV	WATED DECOLIDE	PER DEPARTMENT

Did any strata contain water not suitable for intended use? 

Too little

Yes By whom

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

☐ Bailer

85

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Drawdown

☐ Pump

Yield gal/min

40 GPM

Temperature of water

Was a water analysis done?

 $XX_{Air}$ 

Drill stem at

122

Depth Artesian Flow Found

Date started.

9-18-89