

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page

WELL I.D. # L 56677
START CARD # 135786(1) LAND OWNER
Name Carlson & Carlson Well Number 56677
Address 2250 McGILCHRIST
City SALEM State OR Zip _____(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 FIRE PROTECTION(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 640 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	40	CASING SEAL	0	40	18 SACKS
6	40	640				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other POURED DRY CASING SEAL PORTLAND CEMENTBackfill 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	40	250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipes size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
NONE	FOUND		1 hr.

Temperature of water _____ Depth of water _____
Was a water analysis done? ☐ Yes By whom _____Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Color ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County JEFFERSON Latitude 44 35 13.5 Longitude 121 34 20.0
Township 13 S Range 10 E Section 17 1/4 SW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) JUST PAST 7th
MARKER ON USFS #11

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
ONLY WEEP WATER			

(12) WELL LOG:

Ground Elevation 3,885

Material	From	To	SWL
TOP SOIL GREY	0	3	
CLAY OR ASH	3	11	
TUFFSTONE	11	17	
BASALT	17	118	
BASALT RED	118	155	
BASALT SEAMED	155	190	
CASING CEMENTED	190	190	
BASALT BROKEN	190	352	
BASALT W/TUF	352		
AND RED CINDER		376	
BASALT	376	497	
BASALT/RED CINDER	497	508	
IN LAYERS		508	
BASALT W/RED CINDER	508	558	
RED CINDER	558	567	
BASALT	567	640	
MAY OPEN TO 10-12 INCH			
AND DEEPEN			

Date started 8-09-04 Completed 7-23-04

(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.

Signed Paul Bell WWC Number 579 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.

Signed Paul Bell WWC Number 579 Date 8-19-04

RECEIVED

AUG 19 2004

AUG 19
WATER RESOURCES DEPT
SALEM, OREGON