

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

JOSE
17405

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40573

(START CARD) #

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number SALEM

Name Mr. & Mrs. Ollis
Address 222 Ollis Rd.
City Laurel Junction 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 _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 1160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18	Bentonite	0	18	12 sacks
6"	18	180				

How was seal placed: Method A B C D E

Other plugged

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"	+1	1160	280	<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"/>

Final location of shoe(s) 1160'

(7) PERFORATIONS/SCREENS:

Perforations Method Cuz perforator

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	1160	1/8	120	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
20		1160	1 hr.

Temperature of water 49° 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 Washington Latitude _____ Longitude _____
Township 39 N or S Range 8 E or W M.
Section 16 1/4 1/4
Tax Lot 11600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
222 Ollis Rd.

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 9/30/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 90'

From	To	Estimated Flow Rate	SWL
90'	1160	20	35

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay, sand + gravel	0	180	35

Date started 9/28/94 Completed 9/30/94

(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 Dennis J. Ollis WWC Number 1535 Date 10/20/94

(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 Quill S. Anella WWC Number 1379 Date 10/20/94