original and Duplicate with the STATE ENGINEER, CA34  G24  STATE OF OR	Fill In
SALEM, OREGON (2) TO TO TO THE CONTROL OF THE CONTR	(10) WELL TESTS: Romsey Walls
Name XQ4	Was a pump test made? Was   No If yes, by whom?
Address R + 3 JUL 2 3 1956	Yield: 13 gal./min. with 14 ft. draw down after 4 hrs.
Junction City OSTATE ENCINETI	11 11 11
(2) LOCATION OF WELL: SALEM. OREGON	, , , , , , , , , , , , , , , , , , ,
2 7	Artesian flowg.p.m.
County LANC Owner's number, if any—	Shut-in pressure
R. F. D. or Street No.	Bailer test g.p.m. with ft, drawdown
Bearing and distance from section or subdivision corner  N 80° 41 Eour 1509.8 dw	Temperature of water Was a chemical analysis made? ☐ Yes ☐ No
From the West by section 297-15.5. R	Was electric log made of well?  Yes No
4. W of the Williamitte Meridian	(11) WELL LOG:
	Diameter of well,inches,
TYPE OF WORK (check):	Total depth ft. Depth of completed well ft.
w well Deepening Reconditioning Abandon	Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each
abandonment, describe material and procedure in Item 11.  (4) PROPOSED USE (check): (5) EQUIPMENT:	show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.  ft. to ft. Driver Wall
mestic   Industrial   Municipal   Rotary   Drivery	" " "
Cable Cable	" "
igation Trest Well   Other   Dug Well	" "
CASING INSTALLED: If gravel packed	" "
Threaded Welded	33
Gage or Diameter from to	" "
FROM ft. to ft. Diam. Wall of Bore ft. ft.	17 27
<u>" 3 " 3 " 5 T"                          </u>	и и
	" "
" " " " " " " " " " " " " " " " " " "	,, ,,
y y y y y y y y	11 21
Type and size of shoe or well ring Size of gravel:	" "
Describe joint	" "
	"
(7) PERFORATIONS: None	2) 2)
Type of perforator used	n n
SIZE of perforations in., length, by in.	
The ft. to ft. perf per foot No. of rows	n n
n n n n n n n n n n n n n n n n n n n	n n
n n n n n n n n	" "
11 11 11 11 11 11 11 11	12 11
SCREENS.	31 22
SCREENS:  Give Manufacturer's Name, Model No. and Size	11 2)
Care individuel of patients, and and are the part	2) 2)
(a) CONCERDICATION	11 11
(8) CONSTRUCTION: Was a surface sanitary seal provided? □ Yes □ No To what depth ft.	3) 3)
Were any strata sealed against pollution?  Yes  No	Ground elevation at well site feet above mean sea level.
If yes, note depth of strata	Work started 19 , Completed 19
FROM ft. to ft.	Well Driller's Statement: Driver
1) ))	This well was drilled under my jurisdiction and this report is
METHOD OF SEALING	true to the best of my knowledge and belief.
(9) WATER LEVELS:	NAME 6 CONSTRUCTION
Depth at which water was first found & ft.	(Person, firm, of corporation) (Typed or printed)
Standing level before perforating ft.	Address
Standing level after perforating ft.	Driller's well number
Log Accepted by:	[Signed] OCHIA
[Signed], 19,	(Well Driller)
Owner	License No Dated, 19
	*A . 10 /