

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

RECEIVED
 LINN 10758
 JUL 24 1989

12s/4w/19cc
 11012

(START CARD) #

(1) OWNER: Well Number: WATER
 Name Tom VerHoEven
 Address 32332 Peoria Rd
 City ALBANY State OREGON Zip 97321

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

HOLE			SEAL			Amount sacks or pounds	
Diameter	From	To	Material	From	To		
	14	0	18	Cement	0	18	11
	10	18	43				

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: 10	+1	43	.250	<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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Torch Cut Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
32	42	1/4x1/4	300			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		43	1 hr.

Temperature of water _____ 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 OREGON Latitude _____ Longitude _____
 Township 12 N or S Range 9 E or W WM.
 Section 19 SW 1/4 SW 1/4
 Tax Lot 0500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 7-13-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
31	41	100	21

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Brown Sandy Clay	1	17	
Brown Gravel & Clay	17	18	
Brown Sand + Pea Gravel	18	41	
Blue Sticky Clay	41	43	

Date started 7-10-89 Completed 7-13-89

(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 _____ Date _____ WWC Number _____

(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 Ray K... Date 7-14-89 WWC Number 799

