STATE OF OREGON WATER WELL REPORT

AUG 29 1988

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(as required by ORS 537.765) (1) OWN MATER RESOUBOEAUTION SALEM, OBEGON /// _ N or S. Range TYPE OF WORK: ☐ Deepen ☐ Recondition (3) DRILL METHOD (10) STATIC WATER LEVEL: ☐ Rotary Air ☐ Rotary Mud Other (4) PROPOSED USE: lb. per square inch. ☐ Industrial ☐ Domestic ☐ Community Irrigation (11) WATER BEARING ZONES: Other ☐ Injection Special Construction approval Yes No. Depth at which water was first found (5) BORE HOLE CONSTRUCTION: Depth of Completed Well _ Estimated Flow Rate SWL 29 40 30*ap*n Explosives used_ Туре Amount sacks or pounds (12) WELL LOG: Ground elevation From То SWL BROOM How was seal placed: Method A B C C Chumbles Дс□р,□ 29 Backfill placed from _ Gravel placed from _ ft. Size of gravel CASING/LINER: From Gauge Steel Plastic Welded Threaded 91 180 A 96 105 105 Liner: 136 location of shoe(s) 180 PERFORATIONS/SCREENS: Method mills Material Tele/pipe Number Diameter Casing Liner size Date started. Completed (unbonded) Water Well Constructor Certification: (8) WELL TESTS: Minimum testing time is 1 hour I certify that the work I performed on the construction, alteration, or Flowing abandonment of this well is in compliance with Oregon well construction ☐ Pump A Bailer ☐ Air ☐ Artesian standards. Materials used and information reported above are true to my best Yield gal/min Drawdown Drill stem at knowledge and belief. Time WWC Number Signed . (bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment Temperature of water _51 Depth Artesian Flow Found work performed on this well during the construction dates reported above. all Was a water analysis done? Yes By whom . work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and Did any strata contain water not suitable for intended use?

Too little ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other Depth of strata:

LINN 11802

Nº 3439

7.UG 15 6.00

"START CARD" NOTICE OF BEGINNING OF WELL CONSTRUCTION (88 required by ORS 537.762)

(as required by ORS 537.762)

VACCES DEPT

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and (Mailing Address	GEARY L.	WEASER	
- Walling Address	ASH GURN LA	4Ne	
	Sheor	ORR_	
	///		
Proposed Commencem	ent Date <u> </u>		
Proposed Well Depth and Use:	12.2	ameter <u> </u>	,
☐ Domestic ☐ Thermal	☐ Community ☐ Injection	☐ Industrial ☐ Other	Trigation
Proposed Well Location	: County		
Township/3	(N or S) Range _	3 W(E or	W) Section
At least 2 of these must be	1	Ash bur. Shedd	on NLANE WK
provided	tax lot number of well location attach approved map with location identified. (see reverse of this form for approved maps)		
			st of our knowledge the information c tanks and septic drain fields.
x//1/Miles	's Signature	x fat	nded Water Well Constructor
Que		License No	615
8/9/84	Title	Company X	PARES WOLL DRILLING

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.