

RECEIVED

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

LINN
14788

OCT 19 1995

135103W108CB

WATER RESOURCES DEPT.

(START CARD) # 69493

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

(1) OWNER:

Name Nathan Kropf Well Number _____
Address 29757 Roberts Rd
City Shedd State OR Zip 97327

(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 47 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18'	cement	0	18'	9 sacks
8"	18'	47'				

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:	8"	+12"	46'	.250	☒	☐	☒	☐
			07"		☐	☐	☐	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) 46' 07"

(7) PERFORATIONS/SCREENS:

☒ Perforations

Method

Acetylene torch

☐ Screens

Type

Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
36'	46'	3/8"	44	8"		☒	☐
07"	07"	x12"				☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☒ Bailer	☐ Air	☐ Flowing	☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time	
80 gpm	14'		1 hr.	

Temperature of water 54 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 Linn Latitude _____ Longitude _____
Township 13 S N or S Range 3 W E or W. WM.
Section 8 NW 1/4 SW 1/4
Tax Lot 401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
same

(10) STATIC WATER LEVEL:

15' ft. below land surface. Date 10-11-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 32'

From	To	Estimated Flow Rate	SWL
32'	45'	80 gpm	15'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Brown clay	1	19	
Brown clay & gravel	19	32	
Brown sand & gravel	32	45	15
Brown clay & gravel	45	47	

Date started 10-6-95 Completed 10-11-95

(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.

WWC Number _____

Signed _____ 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.

WWC Number 1378

Signed Martin Warner Date 10-13-95