

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

LINN
1568

RECEIVED

JUL 14 1992

(START CARD) #

95/1W/32
 26260

(1) **OWNER:**
 Name: **GEORGE PYLE**
 Address: **2440 KAREN DR #13**
 City: **SANTA CLARA** State: **OR** Zip: **95050**

Well Number: **WATER RESOURCES**
 Location: **SALEM, OREGON**

(9) **LOCATION OF WELL by legal description:**

County: **LINN** Latitude: _____ Longitude: _____
 Township: **95** N or S, Range: **1W** E or W, WM.
 Section: **32** 1/4 _____ 1/4 _____
 Tax Lot: **SW** Lot: **SW** Block: **#** Subdivision: _____
 Street Address of Well (or nearest address): **40,000**
STAYTON SC10 ROAD SC10 OR.

(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: **306** ft.
 Explosives used Yes No Type: _____ Amount: _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
6"	205	306		
			<i>didn't disturb SEAL</i>	

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	Material			
					Steel	Plastic	Welded	Threaded
Casing:					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s): _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method: _____
 Screens Type: _____ Material: _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40 gpm		280	1 hr

Temperature of water: **50'** 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: _____

(10) **STATIC WATER LEVEL:**
 _____ ft. below land surface. Date: **6/30/92**
 Artesian pressure _____ lb. per square inch. Date: _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found: _____

From	To	Estimated Flow Rate	SWL
	290	40 gpm	100

(12) **WELL LOG:** _____ Ground elevation: _____

Material	From	To	SWL
Blue shale	205	210	
BASALT	210	306	

Date started: **6/30/92** Completed: **6/30/92**

(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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number: **615**
 Signed: **Pat Radden** Date: **6/30/92**