

#02

Linn
225

135/34/35da

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

(START CARD) # 22716

(1) OWNER:

Name Glen Showalter
Address 33979 Hwy. 228
City Halsey State OR. Zip 97348

Well Number: _____

(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 83 ft.

Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 18'	cement	0 18'	9 sacks	
6"	18' 83'				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6"	+12"	82'	.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) 82'

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
74'	82'	3/8"	36	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12"				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
60 gpm	18		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 Linn Latitude _____ Longitude _____
Township 13 S Nor or S. Range 3 W E or W. WM.
Section 35 NE 1/4 SE 1/4
Tax Lot 55203 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
same

(10) STATIC WATER LEVEL:

6' ft. below land surface. Date 11-27-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 29'

From	To	Estimated Flow Rate	SWL
29'	34'	3066 gpm	7'8"
58'	80'	60 gpm	6'

(12) WELL LOG:

Material	From	To	SWL
Top soil	0	1	
Brown clay	1	8	
Brown clay & gravel	8	20	
Blue clay	20	25	
Dark gray clay & gravel	25	29	
Black sand & pea gravel	29	34	7'
Dark gray clay	34	58	
Black sand & gravel	58	80	6'
Blue clay	80	83	

RECEIVED
DEC 5 1990
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11-21-90 Completed 11-27-90

(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 _____ WWC Number _____ 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.

Signed Martha Ward WWC Number 1378 Date 11-31-90