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

LINN
50745

WATER RESOURCES DEPT (START CARD) # 82987
SALEM, OREGON

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

(1) OWNER:

Name Matthew Hendrickson Well Number _____
Address 711 43 Ave
City Summit Hill State OR Zip 97381

(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 80 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	32	Cement	0	32	9
6	32	80				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other pumped

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:	6	0	32	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method							
		Screens		Type		Material			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner		
						☐	☐		
						☐	☐		
						☐	☐		
						☐	☐		

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

☐ Pump	☐ Bailer	☐ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
50 plus	2.5	60	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 13S N or S Range 1E E or W. WM.
Section 4 NW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

5' ft. below land surface. Date Nov 2-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
58	61	50 plus	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	2	
Yellow Clay	2	15	
Brown Sandstone	15	24	
White Sandstone	24	56	
Grey Sandstone	56	80	

Date started Nov 1 Completed Nov 2 96

(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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Harvest Arms WWC Number _____
Date Nov 2-96