

(1) OWNER: Well Number: 717
 Name BLM
 Address 1717 Fabry RD. SE
 City Salem State OR Zip 97306

(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 125 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	25	Bentonite	0	20	8 sacks
8	25	60	cement	20	60	12 sacks

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: 6	+2	60	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	-25	125	1/4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Drill
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	80	1"	30	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>
105	125	1"	20	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem at _____ Time 1 hr.
20 _____ 125 _____

Temperature of Water 56 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 11S N or S. Range 4W E or W. of WM. _____
 Section 19 NW $\frac{1}{4}$ SE $\frac{1}{4}$ _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Yellow Bottom Camp Ground

(10) STATIC WATER LEVEL:
24 ft. below land surface. Date 5/10/01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 14

From	To	Estimated Flow Rate	SWL
14	17	2	14
90	110	5	24
110	125	15	24

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay & Gravel Brown	0	14	
Sandstone Broken Brown	14	17	14
Granite Gray	17	90	
Granite Gray Broken	90	105	24
Granite Red	105	110	24
Granite Red	110	125	24

Date started 5/8/01 Completed 5/10/01

(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 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 663
 Date 5/21/01