The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT. AUG 1

WATER WELL REPORT

1978TATE OF OREGON

Within 30 days from the date. ATER RESOURCES (Please type or print)

of well completion.

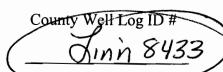
SALEM, CRESON Write above this line)

	State Well No. 115/4W-22 ba
	State Permit No.

(1) OWNER:	(10) LOCATION OF WELL:
Name MAY HARN	County Driller's well number 129
Address 5874 SW HORSESHEE LN.	N/2 14 NW 14 Section 22 T. 115 R. 400 W.M.
(2) TYPE OF WORK (check):	Bearing and distance from section or subdivision corner
New Well	
If abandonment, describe material and procedure in Item 12.	(11) WATER I EVEL. Completed
(3) TYPE OF WELL: (4) PROPOSED USE (check):	(11) WATER LEVEL: Completed well.  Depth at which water was first found 25 tt.
Rotary Driven Domestic Industrial Municipal	Static level 22 ft. below land surface. Date 7//3/18
Cable Jetted   Irrigation Test Well   Other	Artesian pressure lbs. per square inch. Date
CASING INSTALLED: Threaded Welded 750	(12) WELL LOG: Diameter of well below casing 8  Depth drilled 67 ft. Depth of completed well 67 ft.
"Diam. from ft. Gage	Formation: Describe color, texture, grain size and structure of materials;
ft. toft. Gage	and show thickness and nature of each stratum and aquifer penetrated,
PERFORATIONS: Perforated? Yes   No.	with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.
Type of perforator used / Duech	MATERIAL From To SWL
Size of perforations 3//L in. by 5 in.	BROWN 5816 D 18
7.0 perforations from 34 ft. to 46 ft.	BROWN SAND & GRANTIR 46
perforations fromft. toft.	Blue 0/Ay 46 67
perforations from ft. to ft.	
(7) SCREENS: Well screen installed?  Yes No	
Manufacturer's Name	#
Type Model No.	
Diam Slot size Set from ft. to ft.	
Diam, Slot size Set from ft. to ft.	
(8) WELL TESTS: Drawdown is amount water level is lowered below static level	
Was a pump test made? [] Yes Z No If yes, by whom?	
Yield: gal./min. with ft. drawdown after hrs.	
n n	
" " "	
Bailer test 80 gal./min. with 2 ft. drawdown after / hrs.	
Artesian flow g.p.m.	1
perature of water 5/ Depth artesian flow encountered ft.	Work started 7/11/18 19 Completed 7/13/18 19
(9) CONSTRUCTION: O	Date well drilling machine moved off of well 19
Well seal-Material used Sentowite	Drilling Machine Operator's Certification:
Well sealed from land surface toft.	This well was constructed under my direct supervision.  Materials used and information reported above are true to my
Diameter of well bore to bottom of seal in.	best knowledge and belief.
Diameter of well bore below seal in.	[Signed] / at     Atth Date 7//3/7,99
Number of sacks of cement used in well seal sacks	Drilling Machine Operator) Drilling Machine Operator's License No.
How was cement grout placed?  SENTON, to spudded	
De 1-1/1	Water Well Contractor's Certification:
	This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief
Was a drive shoe used? Yes No Plugs Size: location ft.  Did any strata contain unusable water? Yes No	Name X, Offer Oe X (Type, or pint)
Type of water? depth of strata	Address At 1 60x 256 17/60NY
Method of sealing strata off	[Signed] for Kunder
Was well gravel packed?   Yes   No Size of gravel:	(Water Well Contractor)
Gravel placed fromft. toft.	Contractor's License No. 21.2 Date

## For Official Use Only:

Received Date:



Well Identification Tag #

57512

## WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:
Name: Dewwis Loyal Schlegel
Mailing Address: 30680 Horseshoe /w
City: Albany State: Cr Zip: 9732/ Phone: (54/) 926-0364
NOTE: Well Identification Tag will be sent to the above address unless otherwise specified above.
WELL LOCATION:
County:Owner's Well Number (1st or 2nd well on property, etc)
Township: $N \text{ or } $ Range: $A \text{ E or } $ Section: $A \text{ Section}$ : $A \text{ Angle}$ : $A  Ang$
Tax Lot Number: YOO Type of Well: water supply monitoring
Address of Well (if different from above):Same
(Number) (Street) (City)  Does this well have a formal water right associated with it? Yes: No:
If Yes: Application #: Permit #: Certificate #:
(Optional): Latitude Longitude (May sometimes be obtained from Well Log Report)
WELL INFORMATION: (do not complete remainder of application if drillers well report is attache See "Dear Landowner" letter for instructions in completing this portion of the application, or contact Janet at the Well ID Program (503) 378-8455, extension 260, or e-mail: <a href="mailto:Janet.L.Halladey@wrd.state.or.us.">Janet.L.Halladey@wrd.state.or.us.</a>
Start Card Number: Approx. Well Construction Date:
Well Constructor:
Name of Land Owner at Time of Construction:
Well Depth (in feet): Static Water Level (in feet):
Diameter of Exposed Well Casing (in inches):
Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department 158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130

Sound over counter 3-15-02,