

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

RECEIVED  
OCT 28 1987

WATER RESOURCES DEPT.

MARI.....

1083  
mark

85/2W-24cl

(1) OWNER:

Name Mrs. Kent  
Address 8530 Aumsville Hwy  
City Salem State Or. Zip 97301

SALEM, OREGON

Owner's Well Number: 765-2

(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:

Depth of Completed Well 210 ft.

Special Standards date of approval

| HOLE  |      | SEAL |          | Amount |    |
|-------|------|------|----------|--------|----|
| meter | From | To   | Material | From   | To |
| 10    | 0    | 20   | Bedrock  | 0      | 20 |
| 4     | 20   | 210  |          |        |    |

9 Sacks

How was seal placed? Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Poured

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: | 4        | 1    | 19 | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:  |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

☐ Perforations Method \_\_\_\_\_  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

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

| Yield gal/min | Pumping level | Drill stem at | Time 1/2 hr |
|---------------|---------------|---------------|-------------|
| 40            |               | 200 -         | 4hr         |

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 Mari Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 8S N or S, Range 2W E or W, WM.  
Section 24 S.E. 1/4 S.W. 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

72 ft. below land surface. Date Oct 3, 1987

Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WELL LOG:

Ground elevation \_\_\_\_\_

| Material        | From | To  | WB? | SWL |
|-----------------|------|-----|-----|-----|
| Soil            | 0    | 2   |     |     |
| Clay & Boulders | 2    | 5   |     |     |
| Rock Very Hard  | 5    | 30  |     |     |
| Rock Med Hard   | 30   | 109 |     |     |
| Rock Very Hard  | 109  | 150 |     |     |
| Rock Black      | 150  | 165 |     |     |
| Rock Very Hard  | 165  | 185 |     |     |
| Rock Black      | 185  | 200 |     | 72  |
| Rock Very Hard  | 200  | 210 |     |     |

Date started Oct 1, 1987 Completed Oct 3, 1987

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed William Henry Dalling Date Oct 3, 1987

Company William Henry Dalling Co. Job No. \_\_\_\_\_