

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

RECEIVED
OCT 28 1987
WATER RESOURCES DEPT.

NOV 5 1987

WATER RESOURCES DEPT.

1382013/1W-29db

(1) OWNER:

Name Don Sweet
Address 7646 Erie Ln S.E.
City Huntsville State Or Zip 97225

(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 _____ ft.

Special Standards date of approval _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Concrete	0	19	6
12	19	230				

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	41	19	.250	☒	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Pumping level	Drill stem at	Flowing Artesian
			Time 1/2 hr
100		220	4 hrs

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 Marion Latitude _____ Longitude _____
Township 9.5 N or S, Range 1W E or W, WM.
Section 29 N.W. 1/4 S.E. 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7646 Erie S.E.
Huntsville, Or

(10) STATIC WATER LEVEL:

86 ft. below land surface. Date Oct 24, 1987
Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Soil	0	3		
Claystone Yellow Small Gravel	3	12		
Claystone Blue Hard	12	28		
Claystone Brown	28	33		
Claystone Grey	33	95		
Claystone Black	95	103		
Rock Hard	103	137		
Rock Black	137	180	-	
Rock Very Hard	180	205	-	
Rock Honeycomb	205	230	-	86

Date started Oct 20, 1987 Completed Oct 24, 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 Long Date Oct 24, 1987

Company William Long Drilling Co. Job No. _____