

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

MARI16443

Received Date: **12 / 31 / 1976**

Well ID Tag # L

Start Card #

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

(1) Owner Well Number: _____
 Name: **CHARLIE JOHNSON**
 Street: **1076 RAFFON CT**
 City: **SALEM** State: **OR** Zip Code: **97301**

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: **ROTARY**

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: **100.00 ft.**
 Explosives Used: Amount: _____ Type: _____
 Hole Seal

Diameter	From	To	Mtrl	From	To	Sacks/lbs

How was seal placed? _____ Other: _____
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner
 Csng/ _____ Shoe _____
 Liner Diameter From To Gauge Mtrl Weld Thrd at used

(7) Perforation / Screens
 Perforations: _____ Csng/ _____
 Mtrl From To Width Height #Slots Dia. t/pSize Lnr Method
 Screens: _____
 Mtrl From To S Size #Slots Dia. t/pSize Type Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	20.00			35.00	1.00

Temperature of Water: _____
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: **MARI** Latitude: _____ Longitude: _____
 Township: **7.00 S** Range: **2.00 W**
 Section: _____ Lot: _____ Block: _____
 Tax Lot: _____ Subdivision: _____
 Street Address of Well (or nearest address): _____
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: **65.0** Date: **11 / 18 / 1976**
 Artesian Pressure: **0 lb/sq. in.** Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: _____

From	To	est Flow	swl

(12) Well Log Ground Elevation: _____

Material	From	To	swl

Date Started: **11 / 13 / 1976** Date Completed: **11 / 18 / 1976**

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: _____ WWC #: _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: **MICHAEL WALDROOP** WWC #: **633**
MILLER & WEST DRILLING Phone: **503-585-5550**