

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

MAR 1
 17967

7s/3w/3ea

(START CARD) #

(1) OWNER: Name WALT MILLER, MILLER FOLLETS Well Number: _____
 Address 2775 25TH ST SE
 City SALEM State ORE Zip 97306

(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:
 Special Construction approval Yes No Depth of Completed Well 43 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	19	CEMENT	0	19	25
12	19	43				

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
12	0	25	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	0	20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type KELSON Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	43	50		10	PERFORATED	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 450 Drawdown 16 Drill stem at _____ Time 6 hr. H₂O

Temperature of water 55 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 MAHON Latitude _____ Longitude _____
 Township 7S N or S. Range 3W E or W, WM. _____
 Section 31 NE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 7/2/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
25	41	600	17

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
SILT	1	19	
SAND	19	25	
SAND GRAVEL	25	41	
BLUE CLAY	41	83	

Date started 7/2/89 Completed 7/9/89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Paul Belle WWC Number 877-579
 Date 7/21/92

(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 Paul Belle WWC Number 579
 Date 7/21/92

DRAFT

RECEIVED
 JUL 21 1992
 WATER RESOURCES DEPT.
 SALEM, OREGON