

16

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

MAR 21
18487

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78/3W/23

(START CARD) # 45924

WATER RESOURCES DEPT

(1) OWNER: Well Number _____
Name Oregon Dept. of General Services
Address 1240 Ferry Street SE
City Salem State OR Zip 97310

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 7-5 N or S. Range 3-W E or W. WM. _____
Section 23 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NE Corner of Center + Capital Street (Salem)

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

(10) STATIC WATER LEVEL:
23' 8" ft. below land surface. Date 5/23/93
Artesian pressure _____ lb. per square inch. Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
N/A			

HOLE Diameter		SEAL		Amount	
From	To	Material	From	To	sacks or pounds

How was seal placed: Method A B C D E
 Other _____

(12) WELL LOG:
Ground elevation _____

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: <u>16 in</u>	<u>-1</u>	<u>+1</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>See #</u>	<u>12</u>		<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"/>

Material	From	To	SWL
This well has 16 inch casing and was drilled in 1948. The well was re-perforated and redeveloped. The casing was below ground level so we welded on more and left it 1 ft above ground level.			

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>83</u>	<u>90</u>	<u>3/8x2 1/2</u>	<u>64</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>120</u>	<u>124</u>	<u>3/8x2 1/2</u>	<u>40</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>135</u>	<u>147</u>	<u>3/8x2 1/2</u>	<u>104</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
300 25' 3" _____ 4 hr

Date started 5/21/93 Completed 5/23/93

(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 _____ WWC Number _____
Date _____

Temperature of Water 60 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: _____

(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 Floyd J. Sapp WWC Number 1273
Date 5/25/93