

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

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JUN - 9 1995
 WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # W65288

7s/2w/26bc

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

(1) OWNER:

Well Number _____
 Name Sandau Farms
 Address 775 78th Ave NE
 City Salem State OR Zip 97301

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 326ft.
 Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
8			Orig			
6	+5	193	Neat Cement	0	194	24 sacks

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"	+6"	193'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

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 7S N or S Range 2W E or W. WM. _____
 Section 26 SW 1/4 NW 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 775 78th Ave
Salem Oregon

(10) STATIC WATER LEVEL:

49 ft. below land surface. Date 05/30/95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found Orig.

From	To	Estimated Flow Rate	SWL
	Orig.		

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Removed 6" liner from well, reinstalled 6" to 193' and pressure grouted cement from bottom up. Allowed cement to set for 72 hrs. Then drilled out plug and bailed out peagravel. Backfill to original depth.			

Date started 05/24/95 Completed 05/31/95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Steve Villard WWC Number 1530 Date 6-7-95

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Dyn B. Taylor WWC Number 1358 Date 6-7-95