

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

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 OCT 10 1995

085/01W/30CC

(START CARD) # 69331

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

(1) OWNER: Well Number SALEM
 Name City of Aumsville
 Address 595 Main St.
 City Aumsville State Ore. Zip 97325

(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 Municipal

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
			<u>N/A</u>			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>157'</u>	<u>162'</u>	<u>1/4" x 1/4"</u>	<u>88</u>			<input checked="" 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
	<u>N/A</u>		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: _____

LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 8S N or S Range 1W E or W. WM. _____
 Section 30 SW 1/4 SW 1/4 _____
 Tax Lot 1100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9613 Mill Creek Rd. SE Aumsville, Ore.

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 8-30-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
		<u>N/A</u>	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>N/A</u>			

Date started Aug. 25, 1995 Completed Aug. 25, 1995
 (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 _____ WWC Number _____
 Date _____

(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 Michael Waldrop WWC Number 633/1273
 Date 10-5-95