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 STATE ENGINEER
 SALEM, OREGON

MARI 3707

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NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

WATER WELL REPORT

STATE ENGINEER, SALEM, OREGON 97310
 within 30 days from the date of well completion.

STATE OF OREGON
 (Please type or print)

State Well No. 6/2w-1
 State Permit No. _____

(1) OWNER:

Name CLYD REED
 Address RT 1 - Box 144 Brooks

(2) LOCATION OF WELL:

County MARION Driller's well number _____
 1/4 Section 1 T. 6 S. R. 2, 2d W.M.
 Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
 Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
 Cable Jetted
 Dug Bored

(6) CASING INSTALLED:

Threaded Welded
 " Diam. from _____ ft. to _____ ft. Gage _____
10" Diam. from 1 ft. to 18.3 ft. Gage 2.80
 " Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes No
 Type of perforator used mill
 Size of perforations 5 in. by 3 in.
 _____ perforations from _____ ft. to _____ ft.
4.32 perforations from 1.63 ft. to 18.0 ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed? Yes No
 Manufacturer's Name _____
 Type _____ Model No. _____
 _____ Slot size _____ Set from _____ ft. to _____ ft.
 Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal drilling clay & bentonite
 Depth of seal 50 ft. Was a packer used?
 Diameter of well bore to bottom of seal 14 in.
 Were any loose strata cemented off? Yes No Depth _____
 Was a drive shoe used? Yes No
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.
 Did any strata contain unusable water? Yes No
 Type of water? _____ depth of strata _____
 Method of sealing strata off _____

(10) WATER LEVELS:

Static level 35 ft. below land surface Date 5/10/66
 Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? WEST
 Yield: 600 gal./min. with 18 ft. drawdown after 6 hrs.
 " " " " " " " "
 " " " " " " " "
 Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 10
 Depth drilled 18.3 ft. Depth of completed well 18.3 ft.
 Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
BROWN CLAY	0	3.5
BLUE "	3.5	5.7
BROWN "	5.7	8.5
BLUE "	8.5	10.5
" " WITH COARSE	10.5	11.3
BLACK SAND		
Blue clay - sticky	11.3	13.4
BROWN "	13.4	14.5
COARSE BLACK SAND	14.5	14.8
PARTLY CEMENTED COARSE	14.8	15.2
BLACK SAND & GRAVEL		
LOOSE SMALL GRAVEL WITH	15.2	15.7
THIN CEMENTED LAYERS		
BLUE CLAY	15.7	16.1
COARSE SAND & GRAVEL	16.1	17.4
BLUE CLAY	17.4	18.0
COARSE BLACK SAND &	18.0	18.3
SMALL GRAVEL		

Work started 4/28/66 19 _____ Completed 5/10/66 19 _____
 Date well drilling machine moved off of well 11/11/11 19 _____

(13) PUMP:

Manufacturer's Name _____
 Type: _____ H.P. _____

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME MILLER - Robinson & West
 (Person, firm or corporation) (Type or print)

Address 5545 Joseph ST. S.E. Salem

Drilling Machine Operator's License No. 59

[Signed] Heather E. Miller
 (Water Well Contractor)

Contractor's License No. 37 Date 5/15/66, 19 _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Rocco L. Reed
Mailing Address: 8820 Waconda Rd Ne
City: Salem State: OR Zip: 97305
Mailing Address (to send Well I.D.): Same as above
City: State: Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: (North/South) Range: (East/West) Section:
Tax Lot: County: 1/4 1/4
Street Address of Well: City:
Owner at time the well was constructed, (if known):
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: Total Well Depth: Casing Diameter:
Other Information:

SUBMITTED BY (please print): Greg Kuschnick
PHONE: FAX:

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: MARI 3707 Well Identification #: 106587 assigned over the counter