

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

RECEIVED

MAR 1 - 1996

(START CARD) # 47925

(1) OWNER:

Name JAMES CAROL PERISALEM, OREGON
Address 17144 S. ALYSSA RD NE
City SILVERTON State ORE Zip 97381

Well Number WATER RESOURCES DEPT DEPTH OF WELL by legal description:

Township 6S N or S. Range 1W E or W. WM.
Section 27 NE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 542 JAMES ST SILVERTON ORE 97381

(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 120 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10	0 30	Bentonite	0 30	155	lbs
6	30 124				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Bentonite dry

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	1	100	250	☒	☐	☒	☐
Liner:	4 1/2	92	100		☐	☒	☐	☐

Final location of shoe(s) 100

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SAW

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
97	120		40	1/4 x 9 inch		☐	☒

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20 gpm			1 hr.

Temperature of Water 51 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: _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date 8-15-94

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
0	30	19 gpm	13
100	120	20 gpm	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil Brown	0	1	
Clay Brown	1	6	
Cobble Stone Green	6	30	13
Cemented Gravel	30	37	
Clay Green	37	80	
Cemented Gravel Green	80	95	
Clay Green	95	100	
Cemented Gravel Brown	100	124	37

Date started 7-11-94 Completed 8-15-94

(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.

WWC Number _____

Signed _____ 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 653

Signed State Oeller Date 8-20-94