Mari
51118

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

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

RECEIVED
NOV 18 1996
WATER RESOURCES DEPT.
SALEM, OREGON

L01531
(START CARD) # 92230

(1) OWNER: Well Number L01531
Name Victor + Joyce O Hamel
Address 14373 Amanda Ln SE
City Jefferson State Ore Zip 97352

(2) TYPE OF WORK
☐ New Well ☐ Deepening ☑ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☑ Other Pump Truck

(4) PROPOSED USE:
☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☑ No Depth of Completed Well 45 ft.
Explosives used ☐ Yes ☑ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner: Removed Liner					☐	☐	☐	☐
	4½	1+	55	16	☐	☑	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: No
☐ Perforations Method
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☑ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5	20'		1 hr.

Temperature of water 52 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 9S N or S Range 3W E or W. WM.
Section 34 NE 1/4 NE 1/4
Tax Lot 1000 Lot Block Subdivision
Street Address of Well (or nearest address) 14373 Amanda Ln SE Jefferson Ore

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 10-15-96
Artesian pressure lb. per square inch. Date

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation 240

Material	From	To	SWL
Removed Well Liner			

Date started 10-15-96 Completed 10-15-96

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 610
Signed Bob Scheller Date 10-15-96

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER