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JUL 23 1997

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.# L-15633

OLD START CARD # 79585

(START CARD) # 89318

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

MARI 51999 AMENDED

Instructions for completing this report are on the reverse side.

(1) OWNER: Well Number _____

Name GUY SWEZEY

Address 8317 TILLERAM ct S

City SALEM State OR Zip

(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 385 ft.

Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
6"	0	385	CEMENT	106	190	7 SACKS

SHALE TRAPS at 190' AND 192'
LINER CEMENTED FROM 190 – 106

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"	+1	120	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	10	385		☐	☑	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☑ Perforations Method SAW

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
285	385	6"	220	1/8		☐	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25	5'		1 hr.

Temperature of water 54 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 8 N or (S) Range 3 E or (W) WM.

Section 32 NE 1/4 NW 1/4

Tax Lot 3 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

162 ft. below land surface. Date 6-25-97

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 _____

Material	From	To	SWL

Date started 6-25-97 Completed 6-26-97

(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 1563

Signed [signature] Date 7-21-97

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

MARI 51999

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WWC Number 1563

Signed [signature] Date 6-29-97

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