

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.785)

MARI
52072

(START CARD) #

(1) OWNER: Well Number: _____
Name Sandau Farms
Address 677 78th Ave. NE
City Salem, State OR Zip 97301

(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 330 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
8	0 120	Bent. tablets	120-110	5 buckets

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	0	120	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
			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 _____

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 7S N or S. Range 2W E or W. WM.
Section 26 NE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
76 ft. below land surface. Date 12-10-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI

(12) WELL LOG: Ground elevation _____

Material	From	To	SWI
Installed 6" .250 casing from land surface to 120' with bottom packer			
Installed 5 buckets bentonite tablets to complete seal.			
Liner was installed to replace deteriorated 8" original casing.			
Well is 8" bore below 120'			
Total depth is 330'.			

Date started 12-6-88 Completed 12-10-88

(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 of work performed on this well during the construction dates reported above. My 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 723
Signed _____ Date _____