

Start Card # 104132

(6) LOCATION OF WELL By legal description

Well Location: County Marion

Township 8S (N or S) Range 3W (E or W) Section 9

1. NE 1/4 of SW 1/4 of above section.

2. Street address of well location Friendship Ave. South

3. Tax lot number of well location

4. ATTACH MAP WITH LOCATION IDENTIFIED.

(7) STATIC WATER LEVEL:

25.8 --- Ft. below land surface.

Artesian Pressure lb/sq. in.

Date 7-2-78

Date _____

(8) WATER BEARING ZONES:

Depth at which water was first found



Ground elevation

From	To	Est. Flow Rate	SWL

[illegible]

Date started 6-27-98

Completed 7-2-98

(unbonded) Monitor Well Constructor Certification:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

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 the best knowledge and belief.

Permeability _____ Yield _____ GPM _____

Conductivity _____ PH _____

Temperature of water _____ °F/C Depth artesian flow found _____ ft.

Was water analysis done? ☐ Yes ☐ No

By whom?

Depth of strata to be analyzed. From _____ ft. to _____ ft.

Remarks: _____

Signed Samuel L. Smith MWC Number 10422
Date 7-23-98

(bonded) Monitor 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.

Signed _____ MWC Number 10047
Date 7-23-98

Name of supervising Geologist/Engineer