

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

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

WELL I.D.# L18276

(START CARD) # 119571

(1) OWNER:

Name Tom Mitzel Well Number _____
Address 2063 Lane Ave CT SE
City Salem State OR Zip 97306

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

HOLE

SEAL

Diameter From To Material From To Sacks or pounds

existing seal undisturbed

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:	<u>existing</u>	<u>341'</u>	<u>381'</u>	<u>.160</u>	☐	☒	☒	☐
	<u>4"</u>	<u>-3</u>	<u>381'</u>	<u>.160</u>	☐	☒	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Skil saw
☐ Screens Type slots Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>341'</u>	<u>381'</u>	<u>4x4</u>	<u>32</u>		<u>4"</u>	☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min 40+ Drawdown — Drill stem at 360' Time 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 44°49.90 Longitude 123°00.96
Township 8S N or S Range 3W E or W. WM.
Section 35 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 500 ft S. of Squirrel Hill interchange, 800 Black Squirrel Hill Rd

(10) STATIC WATER LEVEL:

150.3 ft. below land surface. Date 9-15-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found see original log

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Repair of existing well drilled under star card 106212.</u>			
<u>Two shale traps were placed. One at 106 and one at 105. Two inches of bentonite were placed on top of the lower shale trap. One and half feet of sand was placed on the upper trap. Cement was placed from top of sand to 15 ft to seal off cascading water coming in from 98.</u>			

Date started 9-10-98 Completed 9-15-98

(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 1619
Signed Shirley Date 9-15-98