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

DEG 09 1998

WELL I.D. #L 16342 START CARD # 104249

Township S No rs Range 3W E or	2ark
Same City of Salem City of Salem City of Salem City of Salem City Street SE City Salem State Oregon Zip 97301 Section 10 SW 1/4 X SE 1/4 Tax Lot 800 Lot Block Subdivision Street Address of Well Deepening Alteration (repair/recondition) Abandonment Abandonment Abandonment Abandonment Cable Auger County Marion Latitude Constitution SW 1/4 X SE 1/4 Tax Lot 800 Lot Block Subdivision Street Address of Well (or nearest address) Woodmansee For the Complete State	Park
Address X 555 Liberty Street SE	Park
Salem	Park
Tax Lot Block Subdivision Street Address of Well (or nearest address) Woodmansee Street	SWL
New Well Deepening Alteration (repair/recondition) Abandonment	SWL
Cother	SWL
Rotary Air	SWL
Other	SWL
Artesian pressure b. per square inch. Date	SWL
Thermal	
Thermal	
Special Construction approval Yes No Depth of Completed Well 50 ft.	
From To Estimated Flow Rate Round SEAL SEAL SO 100 100GPM 288 350 800GPM	
From To Estimated Flow Rate Round SEAL SEAL SO 100 100GPM 288 350 800GPM	
HOLE	SWL
20	SWL
15 281 350	SWL
15 281 350	SWL
Contact Cont	SWL
How was seal placed: Method A B X C D E	SWL
☐ Other	SWL
Backfill placed from ft. to ft. Material Material From 10 Gravel placed from ft. to ft. Size of gravel Soil 0 1	SWL
Backfill placed from rt. to tt. Material Soil Soil O 1 Gravel placed from ft. to ft. Size of gravel Soil Soil 1	1 SWL
Gravel placed from it. to it. Size of gravel SOII	1
TO CLOSE OF THE PROPERTY OF TH	
(b) CASING/LINER:	+
Diameter From 10 Gauge Steet Flashe Workes Flasher	
Casing: 1611 T1 4014374 LA L. LA L.	†
clay yellow orange w/wthrd grey basalt 65 95	
	+
Liner:	
	
Fillal location of shoo(s)	
(/) FERFORATIONS/SCREENS.	+
Periodicins Medica 350	+
Screens Type Material Grey and black 350	†
From To size Number Diameter size Casing Liner	+
	1
	1
	1
(8) WELL TESTS: Minimum testing time is 1 hour Date started 8-28-97 Completed 9-11-97	
(unhonded) Water Well Constructor Certification:	
Flowing I certify that the work I performed on the construction, alteration, or a	bandonme
of this well is in compliance with Oregon water supply well construction	standards.
Materials used and miorination reported above are true to the best of my	wie wie ange
800 N/A 350 1 hr. and belier. WWC Number	
Signed Date	
(hand at Water Watt Constructor Cartification	
I accept responsibility for the construction, alteration, or abandonmen	t work
Was a water analysis done? Yes By whom Too little	work
Salty Muddy Odor Colored Other construction started 3. This report is true to the best of my knowledge a	nd belief.
WWC Number	32X
Depth of strata: Signed Date 1	2-7-
ODIGINAL WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER	