

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

WELL I.D.# L-10822

(START CARD) # 88630

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

(1) OWNER: Well Number _____
Name Cecil H. King
Address 10654 Laxman Rd. NE.
City Albanyville State ORE Zip 97325

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	PORTLAND	0	20	18 SACKS
6"	20	120				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other ROCK & GRAVEL
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	20	20	☒	☐	☒	☐
Liner:	4"	120	120	120	☐	☒	☐	☐

Final location of shoe(s) 52 1/2

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SAVED
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	120	1/16	90	4"		☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
500~	20 Feet		3 Hrs.

Temperature of water 53 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 1 E or W WM.
Section 32 1/4 _____ 1/4 _____
Tax Lot 00500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10654 Laxman Rd. NE. Albanyville, OR 97325

(10) STATIC WATER LEVEL:
4 ft. below land surface. Date 12-30-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 3 Feet.

From	To	Estimated Flow Rate	SWL
3	14	5 GPM	6'
45	115	50 GPM	4'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil - Brown	0	1	
Clay - Brown	1	3	
Gravel - w. little pebbles	3	14	
Coarsely. w/b			6'
Clay. w. gravel - Brown	14	52	
Clay. Gritty. Yellow	52	58	
Clay. Gritty. Pink	58	61	
Clay. Gritty. Gray	61	95	
Clay. w. small strips of	95	115	
Sand - Gravel - Brown			4'
w/b			
Clay. Gray Gritty.	115	120	

RECEIVED

JAN 11 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-10-98 Completed 12-30-98

(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.

Signed _____ WWC Number _____ 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.

Signed [Signature] WWC Number 1593 Date 1-9-99