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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 27843

START CARD # 118494

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

(1) OWNER: Well Number _____
Name David LeCompte
Address 9785 Portland Rd.
City Salem State OR Zip 97305

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	0	18	Cement	0	172	54
12	18	179				
10	179	363				

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: 10	1.5	172	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 shoe(s) None

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 600-700 Drawdown _____ Drill stem at 360 Time 1 hr.

Temperature of water 51 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-S N or S Range 1-E E or W. WM.
Section 3 NE 1/4 NE 1/4
Tax Lot 601 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 19499 Jack Ln
Silverton OR

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

(11) WATER BEARING ZONES:
Depth at which water was first found 29

From	To	Estimated Flow Rate	SWL
29	29	5	
138	166	7	130
272	363	700+	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Red Soil	1	8	
Weathered basalt	8	10	
Dark Gray basalt	10	29	
Dark Gray basalt with brown seams	29	33	
Dark gray basalt Med-hard	33	59	
Weathered basalt	59	64	
Dark gray basalt	64	83	
Claystone brown + soft with trace of weathered basalt	83	88	
Dark gray basalt	88	138	
Weathered basalt	138	166	
Gray basalt	166	183	
Simi-Porous Brown basalt	183	202	

Cont Pg 2
Date started 5/14/99 Completed 5/28/99

(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 1629
Signed [Signature] Date 5-21-99

(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 1273
Signed [Signature] Date 5/31/99

