

(1) OWNER/PROJECT: Hole Number 0114

Name Overhead Door  
Address 2195 Hyacinth St. NE  
City SALEM State OR Zip 97302

(2) TYPE OF WORK  
 New  Deepening  Alteration (repair/recondition)  Abandonment

(3) CONSTRUCTION:  
 Rotary Air  Hand Auger  Hollow Stem Auger  
 Rotary Mud  Cable Tool  Push Probe  Other

(4) TYPE OF HOLE:  
 Uncased Temporary  Cased Permanent  
 Uncased Permanent  Slope Stability  Other

(5) USE OF HOLE: CHECK SOIL QUALITY

(6) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No. Depth of Completed Hole 2' ft.

| HOLE      |           |           | SEAL     |      |    |                 |
|-----------|-----------|-----------|----------|------|----|-----------------|
| Diameter  | From      | To        | Material | From | To | Sacks or pounds |
| <u>2"</u> | <u>0"</u> | <u>2'</u> |          |      |    |                 |
|           |           |           |          |      |    |                 |
|           |           |           |          |      |    |                 |

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter Pack placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of pack \_\_\_\_\_

(7) CASING/SCREEN:

|         | Diameter | From | To | Gauge | Steel                    |                          |                          |                          |
|---------|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|         |          |      |    |       | Plastic                  | Welded                   | Threaded                 |                          |
| Casing: |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screen: |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Slot size \_\_\_\_\_

(8) WELL TEST:  
 Pump  Bailer  Air  Flowing Artesian  
Permeability \_\_\_\_\_ Yield \_\_\_\_\_ GPM \_\_\_\_\_  
Conductivity \_\_\_\_\_ PH \_\_\_\_\_  
Temperature of water N/A °F/C Depth artesian flow found \_\_\_\_\_ ft.  
Was water analysis done?  Yes  No  
By whom? \_\_\_\_\_  
Depth of strata analyzed. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Remarks: \_\_\_\_\_

(9) LOCATION OF HOLE by legal description:  
County Marion Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township T5 N or S Range 3W E or W. WM. \_\_\_\_\_  
Section 10 SE 1/4 NW 1/4 \_\_\_\_\_  
Tax Lot N/A Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address)  
2195 Hyacinth St NE Salem, OR  
Map with location identified must be attached

(10) STATIC WATER LEVEL:  
N/A ft. below land surface. Date 5-8-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) SUBSURFACE LOG:  
Ground Elevation \_\_\_\_\_

| Material Description       | From      | To        | SWL |
|----------------------------|-----------|-----------|-----|
| <u>Brown Silty Gravels</u> | <u>0"</u> | <u>2'</u> |     |
|                            |           |           |     |
|                            |           |           |     |
|                            |           |           |     |

Date Started 5-8-00 Date Completed 5-8-00

(12) ABANDONMENT LOG:

| Material Description       | From      | To        | Sacks or Pounds |
|----------------------------|-----------|-----------|-----------------|
| <u>Brown Silty Gravels</u> | <u>0"</u> | <u>6"</u> |                 |
| <u>Best chips</u>          | <u>6"</u> | <u>2'</u> | <u>3 #s</u>     |
|                            |           |           |                 |
|                            |           |           |                 |

Date started 5-8-00 Date Completed 5-8-00

Professional Certification  
(to be signed by a licensed water supply or monitoring well constructor, or Oregon registered geologist or civil engineer).

I accept responsibility for the construction, alteration, or abandonment work performed during the construction dates reported above. All work performed during this time is in compliance with Oregon's geotechnical hole construction standards. This report is true to the best of my knowledge and belief.

Signed \_\_\_\_\_ License or Registration Number 10432  
Date 5/17/00  
Affiliation CASCADE DRILLING, INC-OREGON

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

DR0108

**OVERHEAD  
Door  
Salmon**

**RECEIVED**

**MAY 19 2000**

**WATER RESOURCES DEPT.  
SALEM, OREGON**

