MARI 56220

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

WELL I.D. # L L 44848
START CARD # 136248

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

(1) LAND OWNER Well Number _____
Name Wendell A.Seastrom
Address 6227 Mt. Angel Hwy.N.E.
City Silverton, State Ore. Zip 97381

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
Orig. logs sent herewith.						

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other We added 1 sk.of 3/8"hole plug on top.
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"I.D.	18"-	88'	.250	☒	☐	☒	☐
orig.					☐	☐	☐	☐
currently	-6"ID.	12"+	88'	.250	☒	☐	☒	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
			(orig.)		☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) orig. 88'

(7) PERFORATIONS/SCREENS:
☐ Perforations Method none
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
17 gpm.	approx.24'		1 hr.

Temperature of water _____ 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 6 S. N or S Range 1 W. E or W. WM.
Section 28 S.E. 1/4 S.W. 1/4
Tax Lot 01300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
48' ft. below land surface. Date 10/25/01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found orig.approx.68 to 78'

From	To	Estimated Flow Rate	SWL
88'	92'	17 gpm.	48'

(12) WELL LOG:
Ground Elevation approx.205'

Material	From	To	SWL
Med.conglom.-greyish-brn.	90'	92'	48'
WE welded a 11"piece of 6"I.D.x.250 wall-			
to bring the 6"casing 12" above the cement-			
pit floor.			
We also put an I.D.tag on.			

RECEIVED
NOV 26 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10/23/01 Completed 10/25/01

(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 296
Signed Paul R. Stadeli Date 10/31/01

(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 296
Signed Paul R. Stadeli Date 10/31/01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER