

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

MARI 56547

WELL ID # L50282
(START CARD) # 144764

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

(1) OWNER: Well Number: 768
Name Moe Salem
Address PO Box 230902
City Tigard State OR Zip 97281

(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 300 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	31	Bentonite	0	20	12 Sacks	
10	0	31	Cement	20	31	5 Sacks	
6	31	300					

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:	6	+1	31	1/4	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations
☐ Screens

Method
Type

Material

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

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem at Time
30 300 1 hr.

Temperature of Water 54 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 6S N or S. Range 1E E or W. of WM.
Section 35 NW 1/4 NW 1/4
Tax Lot 3300 Lot Block Subdivision
Street Address of Well (or nearest address)
19487 Abiqua Rd., Silverton, OR

(10) STATIC WATER LEVEL:

50 ft. below land surface. Date 4/18/02
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 8

From	To	Estimated Flow Rate	SWL
8	12	10	8
240	300	30	80

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Clay Brown	0	12	8
Basalt Brown & Gray	12	13	
Claystone Gray Hard	13	45	
Claystone Light Gray Hard	45	70	
Claystone Dark Green	70	75	
Sandstone Green & White	75	90	
Claystone Gray	90	95	
Claystone Dark Gray	95	130	
Sandstone Gray	130	150	
Claystone Gray	150	155	
Claystone Gray, Green & White Hard	155	170	
Sandstone Gray	170	240	
Sandstone Gray Hard	240	300	130

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MAY 14 2002

WATER RESOURCES DEPT
SALEM, OREGON

Date started 4/15/02 Completed 4/18/02

(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 my best 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 *Rogley C. Galt* WWC Number 663
Date 5/13/02

AMERICAN WELL DRILLING

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER