

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 44853

START CARD # 142702

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

(1) LAND OWNER Well Number _____
Name HARBANS LAL
Address 5157 SW MALSAM CT.
City TUALATIN State OR Zip 97062

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
	ORIGINAL		UNDISTURBED			

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	EXISTING		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

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 Bailor Air Flowing Artesian
Yield gal/min 26 Drawdown 10' Drill stem at _____ Time 1 hr.

Temperature of water 56° 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 MARTON Latitude _____ Longitude _____
Township 7S N or S Range 2W E or W. WM.
Section 6 SW 1/4 NW 1/4
Tax Lot 4400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4733 PORTLAND RD.
SALEM, OR 97305

(10) STATIC WATER LEVEL:
53 ft. below land surface. Date 5-29-02
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
WELL WAS CLEANED OUT TO REMOVE IRON AND SAND DEPOSITS.			
EXISTING WELL WAS COMPLETED BELOW GROUND.			
WE WELDED 24" OF 6" x .250 STEEL WELL CASING ONTO EXISTING WELL CASING TO BRING ABOVE GROUND 12".			

RECEIVED
JUL 02 2002
WATER RESOURCES DEPT.
SALEM, OREGON

**R. Stadel & Sons
Well & Pump, Inc.**
4385 Stadel Lane NE
Silverton, OR 97381

Date started 5-28-02 Completed 5-29-02

(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 the best of my knowledge and belief.
Signed _____ Date _____
WWC Number 1487

(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 Daniel J. Stadel WWC Number 1487
Date 6-21-02