

MARI 56705

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WELL ID # L 48810

START CARD # 141229

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(1) OWNER: Well Number: _____
Name **Clifford Herr**
Address **9551 Selah Spring Rd. N.E.**
City **Silverton** State **OR** 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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
		N			
		A			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	8"	+6"	103'	.25"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method **oxy-acetylene torch**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
68'	99'	.5x6	144			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
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 **7S** N or S. Range **1W** E or W. of WM.
Section **7** **SE** 1/4 **SE** 1/4
Tax lot **600** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **Well is close to 10105 Kaufman Rd.**

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date **FEB 15, '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
	N		
	A		

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
An existing well, MARI. 6118, for Clifford Herr was altered. The 8" PVC liner was removed, the well rehabilitated with a ' Sonar Jet' treatment and compressed air. 8" steel liner was perforated and set into the 10" well to 103' then attached to the 10" casing at the surface.			

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JUL 23 2002

WATER RESOURCES DEPT.
SALEM, OREGON

Date started **2/13/2002** Completed **4/17/02**

(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 _____ 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 **Michael Waldrop** WWC Number **633**
Date **6/29/02**