

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

(1) OWNER:

Name: Lyle Myren
Address: 18329 Scotts Mills Hwy
City: Silverton State: OR Zip: 97381

(2) TYPE OF WORK:

(repair/
☒ New Well ☐ Deepening ☐ Alteration/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 552'

Explosives Used ☐ Yes ☒ No Type: _____ Amount: _____

HOLE			SEAL			sacks or
Diameter	From	To	Material	From	To	pounds
10"	0	27'	Bent	0	27'	9 Sacks
6"	27	552	—	—	—	—

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Poured Dry Chips 3/4"

Backfill placed from: _____ to: _____ Material: _____

Gravel placed from: _____ to: _____ Size of gravel: _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6	+1.5	27	.250	☒	☐	☒	☐

LINER:

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Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method: _____

☐ Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing Liner
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(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

1 1/2		550	1 hr.
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Temperature of water 54 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes ☐ No

Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: _____

RECEIVED

MARI

56884
56884

WELL ID # L 50207
START CARD # 82090

(9) LOCATION OF WELL by legal description:

County: Marion Latitude: --- Longitude: ---
Township: 6 S Range: 1 E
Section: 16 1000 SW 1/4 SE 1/4
Tax Lot: --- Lot: N/A Block: --- Subdivision: ---
Street Address of Well (or nearest address) 18329 Scotts Mills Hwy

(10) STATIC WATER LEVEL:

105' Ft. below land surface Date 9/28/02
Artesian pressure --- lb. per sq. in. Date ---

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Est. Flow Rate	SWL
287	296	1/2 GPM	105
490	528	1 GPM	105

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Soil Brown Med	0	1	
Clay Brown	1	3	
Clay & Soap Stone	3	17	
SandStone Green Hard	17	34	
SandStone Gray Hard	34	40	
SandStone Brown Med	40	46	
SandStone Grey Hard	46	104	
SandStone Med-Clay Innerbed Grey	104	126	
SandStone Conglom Gray	126	157	
SandStone Green Hard	157	181	
SandStone Gray Hard	181	250	
SandStone Light Gray Med-Hard	250	287	
SandStone Dark Hard Gray	287	296	
SandStone Light Gray Med-Hard	296	328	
SandStone Gray Med-Hard	328	339	
ClayStone Brown Med	339	351	
ClayStone Brown Hard	351	353	
ClayStone Brown Med	353	490	
SandStone Green Med	490	528	
SandStone Hard Fract	528	552	

Date Started: 9/19/02

Completed: 9/28/02

(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 723

Date 10/04/02

(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 _____

WWC Number 723

Date 10/04/02

WATER RESOURCES DEPT - Water Resources Department
SALEM, OREGON

SECOND COPY - Constructor

THIRD COPY - Customer