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**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.**

WELL I.D. # L 62703
START CARD # 144798

**(1) OWNER:** Well Number
Name South Side Land Development
Address 4370 Eagle crest Dr. NW
City Salem State OR. Zip 97304

**(2) TYPE OF WORK**
☐ New Well ☐ Deepening ☒ Alteration (repair/recondition) ☐ Abandonment

**(3) DRILL METHOD:**
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☒ Other pump rig

**(4) PROPOSED USE:**
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

**(5) BORE HOLE CONSTRUCTION:**
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 74 ft.
Explosives used ☐ Yes ☒ No Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Sacks or pounds |
|---|---|---|---|---|---|---|
| Did not change the Seal | | | | | | |

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: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s)

**(7) PERFORATIONS/SCREENS:**
☐ Perforations Method
☐ 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 |
|---|---|---|---|
| 15 | 0 | | 4hrs 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 Marion Latitude Longitude
Township 8 South N or S Range 3 West E or W. WM.
Section 12 SE 1/4 NW 1/4
Tax Lot 0900 Lot Block Subdivision
Street Address of Well (or nearest address) 2791 SE Strong Rd.
Salem, Or. 97302

**(10) STATIC WATER LEVEL:**
38 ft. below land surface. Date 8/12/03
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 |
|---|---|---|---|
| exsbended 6" casing 2' up | | | |
| & Tag well # L 62703 | | | |

RECEIVED AUG 12 2003 WATER RESOURCES DEPT SALEM, OREGON
RECEIVED AUG 26 2003 WATER RESOURCES DEPT SALEM, OREGON

Date started 8/12/03 Completed 8/12/03

**(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
Signed 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.
WWC Number 663
Signed Rickey C. Gu Date 8/12/03

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER