

MARI 60250

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 6885B
START CARD # 163054

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

(1) LAND OWNER Well Number _____
Name CITY OF MONMOUTH
Address 151 W. Main ST.
City MONMOUTH State OR Zip 97361

(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 Municipal

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 46 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0'	46'	CEMENT	0'	25'	26 sacks

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 28 ft. to 25 ft. Material 1/4 minus crush
Gravel placed from 46 ft. to 28 ft. Size of gravel 3/8 round

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	43'	31'	.250"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	41'	46'	.250"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

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

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type V-slot Material 304SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
31'	41'	125		8"	PS	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
600+ GPM	7.42'		48 hrs.

Temperature of water 53° Depth Artesian _____
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 8S N or S Range 4W E or W. WM.
Section 28 SE 1/4 SE 1/4
Tax Lot Gov. Lot #5 Block _____ Subdivision _____
Street Address of Well (or nearest address) 6985 Riverside Rd.

(10) STATIC WATER LEVEL:
12.34 ft. below land surface. Date 02-27-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 17'

From	To	Estimated Flow Rate	SWL
31'	41'	600+	12.34'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown silty clay	0'	6'	
Clay-sandy w/ small gravel	6'	13'	
Gravel, brown sand; Gravel small-large	13'	29'	12.34'
Gravel, small-med w/ sand; Gravel rusty colored	29'	41'	12.34'
Blue clay	41'	46'	

Date started 02-01-07 Completed 03-01-07

(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 633
Signed Michael Waldrop Date 03-04-07

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MAR 14 2007

WATER RESOURCES DEPT
SALEM, OREGON