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MAR 1958 66-31

WATER WELL REPORT

STATE OF OREGON

App G1017

State Well No. 7/2W-5Q

State Permit No. G880

(1) OWNER: J. H. Zach, Name, Address Salem

(2) LOCATION OF WELL: County MARION, Owner's number, if any—, 1/4 Section, T., R., W.M., Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check): New Well, Deepening, Reconditioning, Abandon

(4) PROPOSED USE (check): Domestic, Industrial, Municipal, Irrigation, Test Well, Other; (5) TYPE OF WELL: Rotary, Cable, Dug, Driven, Jetted, Bored

(6) CASING INSTALLED: Threaded, Welded, Diam. from ft. to ft. Gage

(7) PERFORATIONS: Perforated? Yes No, Type of perforator used, SIZE of perforations in. by in., perforations from ft. to ft.

(8) SCREENS: Well screen installed Yes No, Manufacturer's Name, Type, Model No., Slot size Set from ft. to ft.

(9) CONSTRUCTION: Was well gravel packed? Yes No, Size of gravel, Gravel placed from ft. to ft., Was a surface seal provided? Yes No, To what depth? ft., Material used in seal—, Did any strata contain unusable water? Yes No, Type of water, Depth of strata, Method of sealing strata off

(10) WATER LEVELS: Static level Land Surface ft. below land surface Date Jan 59, Artesian pressure lbs. per square inch Date

Log Accepted by: [Signed] Date 19

(11) WELL TESTS: Drawdown is amount water level is lowered below static level, Was a pump test made? Yes No, If yes, by whom?

Table with columns: Yield (gal./min. with), ft. drawdown after, hrs. Bailer test, Artesian flow (g.p.m. Date), Temperature of water, Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well inches, Depth drilled ft., Depth of completed well ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

Table with columns: MATERIAL, FROM, TO. Handwritten entries: Sump approx 12' x 12' by 12 feet deep; Soil black; Blue clay

Work started 11-5-58 Completed 11-10-58

(13) PUMP: Manufacturer's Name Portable Cent., Type: H.P.

Well Driller's Statement: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME (Person, firm, or corporation) (Type or print), Address, Driller's well number, [Signed] (Well Driller), License No. Date 19