

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) LAND OWNER Name BRIAN SALLEE Well Number _____
 Address 20211 NE OLIVESTAD RD
 City AURORA State OR Zip 97002

(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 170 ft.Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	1	38	BENTONITE	1	38	18
6	38	170				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other 690-210-0340

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:	6	0	158	.25	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	5	142	170	4/160	☐	☒	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 158

(7) PERFORATIONS/SCREENS:

☐ Perforations

Method _____

☒ ScreensType SLOTTEDMaterial PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
158	170	.010		59/16		☐	☒
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump☐ Bailer☐ Air☐ Flowing
☐ Artesian

Yield gal/min

Drawdown

Drill stem at

Time

3861 hr.Temperature of water 54 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: _____

WELL I.D. # L 92767START CARD # 116394MARI 66518

(9) LOCATION OF WELL by legal description:

County MARION Latitude _____ Longitude _____Township 45 N or S Range 1W E or W. WM.Section 19 SW 1/4 NW 1/4Tax Lot 1300 Lot _____ Block _____ Subdivision _____Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

76 ft. below land surface.Date 9/9/2016

Artesian pressure _____ lb. per square inch

Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 89

From	To	Estimated Flow Rate	SWL
89	170	100 gpm + 76	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL	1	4	
CLAY BROWN	4	23	
CLAY GRAY	23	89	
CEMENTED SAND	89	119	
CEMENTED SAND	119	128	
W/ SMALL GRAVEL			
CEMENTED SAND	128	170	
E GRAVEL			

Date started 4 SEP 2016 Completed 10 SEP 2016

(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 743Signed Richard J BeckDate 9/21/2016

RECEIVED

OCT 07 2016

WATER RESOURCES DEPT

SALEM, OREGON