MARI 67006

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 92768
START CARD # 116403
MARI 67006

(1) LAND OWNER Well Number _____
Name ALLIKS CAM
Address 12417 INGALLS LN
City WOODBURN State OR Zip 97071

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks ~~or pounds~~
10	1	39	BENTONITE	1	39	19
6	39	113				
				CALCULATED = 15		

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	113	.125	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 113

(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
28	22		1 hr.

Temperature of water 53 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 5 S N or S Range 1 W E or W. WM.
Section 4 SW 1/4 NE 1/4
Tax Lot 502 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 12457 INGALLS LN

(10) STATIC WATER LEVEL:
39 ft. below land surface. Date 14 AUG 17
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 74

From	To	Estimated Flow Rate	SWL
74	113		39

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	1	3	
CLAY BROWN	3	51	
CLAY GRAY	51	74	
CLAY GRAY SILT	74	89	
SAND BLACK FINE	89	102	
SAND SOME GRAVEL	102	110	
CEMENTED GRAVEL	110	113	
TDS - 218			

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SEP 12 2017
SALEM, OR

Date started 9 AUG 2017 Completed 14 AUG 2017

(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 243
Signed Richard Beck Date 9-11-17

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER