

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

M 21. 9725

3929
85/2w/10 ac

(1) OWNER: Well Number: _____
 Name Roger Knox
 Address 24650 Santiam Hwy
 City Lyons State Or Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 210 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>80</u>	<u>Cement</u>	<u>0</u>	<u>80</u>	<u>26</u>
<u>6</u>	<u>80</u>	<u>210</u>				

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: <u>6</u>	<u>1/2</u>	<u>80</u>	<u>25D</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>4 1/2"</u>	<u>0</u>	<u>210</u>	<u>Well casing</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Still Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>130'</u>	<u>210'</u>	<u>1/4 x 1/8</u>	<u>92</u>		<u>4 1/2"</u>	<input checked="" type="checkbox"/> P.V.C.	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 135 Drawdown _____ Drill stem at 208 Time 1 hr.

Temperature of water _____ 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 Mallon Latitude _____ Longitude _____
 Township 8S N or S, Range 2W E or W, WM.
 Section 10 S.W. 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Approx 4066 21st Ave SE
Salem, Or

(10) STATIC WATER LEVEL:
47 ft. below land surface. Date July 8, 1989
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>115</u>	<u>210</u>	<u>135</u>	<u>47</u>

(12) WELL LOG: Ground elevation 5700 ft.

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>3</u>	
<u>Clay</u>	<u>3</u>	<u>5</u>	
<u>Clay Small Gravel</u>	<u>5</u>	<u>12</u>	
<u>Clay</u>	<u>12</u>	<u>30</u>	
<u>Clay Decomposed Gravel</u>	<u>30</u>	<u>68</u>	
<u>Rock Grey Hard.</u>	<u>68</u>	<u>72</u>	
<u>Rock Black</u>	<u>72</u>	<u>110</u>	
<u>Rock Black Broken</u>	<u>110</u>	<u>203</u>	
<u>Rock Black Hard.</u>	<u>203</u>	<u>210</u>	<u>47</u>

RECEIVED
 AUG 7 1989
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started July 3, 1989 Completed July 8, 1989

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 25
 Signed William A. King Date July 8, 1989