65/1W/33 da STATE OF OREGON WATER WELL REPORT RESOURCES DEPT (START CARD) # /7032 (as required by ORS 537.765) ALEM, CHECOCATION OF WELL by legal description: (1) OWNER: Name The Nuiscon County Marrow Latitude _____ Longitude _ Pd N.L Township 65 Nor S, Range 100 E or W, WM. Section 33 N.E 14 S.E 14 (2) TYPE OF WORK: Lot ____ Block ____ Subdivision. Street Address of Well (or nearest address) 12653 Silverton Politics

Silverton, Dr. 97311 New Well ☐ Deepen Recondition ☐ Abandon (3) DRILL METHOD 🗷 Rotary Air Rotary Mud ☐ Cable (10) STATIC WATER LEVEL: Other 146" ft. below land surface. (4) PROPOSED USE: Artesian pressure ______ lb. per square inch. ☐ Domestic Community Industrial Irrigation (11) WATER BEARING ZONES: ☐ Injection ☐ Other . Thermal (5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Estimated Flow Rate Depth of Completed Well _ Yes くゆ Type _____ Amount _ SEAL Amount Material Diameter From From To sacks cureunds 12 0 Cement (12) WELL LOG: Ground elevation From To 50.7 3 How was seal placed; Method A B B Z C D D E. Clase Small Gravel. 3 Backfill placed from ____ ____ ft. to _____ ft. Material 25 30 Gravel placed from _ Size of gravel 30 51 (6) CASING/LINER: 52 28 Diameter From To Gauge Steel Plastic Welded Threaded 28 130 84 250 K 130 210 210 285 285 302 302 310 Final location of shoe(s) (7) PERFORATIONS/SCREENS: Perforations _ Material _ ☐ Screens Slot Tele/pipe From Number Diameter Casing Liner П Completed

Flowing Artesian

Time

4 ≇hr.

(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 .

(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

Signed __

THURD COPY - CUSTOMER

SWL

SWL

Did any strata contain water not suitable for intended use?

Too little

Yes By whom _

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

Drill stem at

_____Depth Artesian Flow Found

☐ Bailer

Drawdown

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other -

☐ Pump

Yield gal/min

250

Depth of strata: __

Temperature of water ____

Was a water analysis done?