

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

POLK 003 75/3w/9dc
 (START CARD) # W-17605

RECEIVED

(1) OWNER: Well Number _____
 Name Donald Meyer
 Address 3795 Gibson Rd NW
 City Salem State OR Zip 97304

LOCATION OF WELL by legal description:
 County Polk Latitude _____ Longitude _____
 Township 7-S N or S, Range 3-W E or W, WM.
 Section 9 SW $\frac{1}{4}$ SE $\frac{1}{4}$
 Lot _____ Block _____ Subdivision _____
 Address of Well (or nearest address) 2560 Wallace Rd. Salem OR.

(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 90 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	18	Cement	0	18	11 + bentonite
8	18	90				

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: 8	+1	92	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 92.5 FEET

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
37	44	1 3/4 x 3/8	120			<input checked="" type="checkbox"/>	<input type="checkbox"/>
47	54	1 3/4 x 3/8	120			<input checked="" type="checkbox"/>	<input type="checkbox"/>
64	70	1 3/4 x 3/8	88			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
70	2 ft		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: _____

(10) STATIC WATER LEVEL:
11.5 ft. below land surface. Date 4-9-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 12 ft

From	To	Estimated Flow Rate	SWL
12	15	Cased off	11.5
19	23	Cased off	11.5
37	54	100 + ?	11.5
64	90	100 + ?	11.5

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandy Topsoil	0	2	
Silt Sand + gravel	2	5	
Sand + Small gravels	5	6	
Silt Sand + gravel	6	12	
Sand + gravel	12	15	11.5
Sand Silt + gravel	15	19	
Loose gravel	19	23	11.5
Tight Sand + gravel	23	30	
Large gravels (cemented)	30	37	
Large gravels Loose	37	44	11.5
Tight gravel + brown clay	44	47	
Loose gravels	47	54	11.5
Tight gravel + brown clay	54	58	
Green clay + gravel	58	64	
Loose gravel - Some clay	64	66	11.5
Loose gravel	66	71	11.5
Sand + Silt Some wood	71	75	11.5
Gravel + Sand	75	77	11.5
Sand Some wood	77	89	11.5
Gravel + Sand	89	90	11.5
Tight Clay + gravel	90	92	

Date started 3-23-90 Completed 4-9-90

(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 1273
 Signed Floyd R. Spive Date 4-10-90