

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

polk
50073
MAY 16 1996
WATER RESOURCES DEPT.
SALEM, OREGON

ID # L0000392
(START CARD) # 84588

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Well Number _____

Name Don Clark
Address 1990 Wallace Rd NW
City Salem State OR Zip _____

(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 80 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
12	0	28	Cement	0	28	26 + bent.
8	28	80				

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 in	+ 6"	80	.250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 80 ft.

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Mills Knife
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
68	78	3/8 x 2	132			☒	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
60	2 ft		2 hr.

Temperature of water 55 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 Polk Latitude _____ Longitude _____
Township 7-S N or S Range 3-W E or W. WM.
Section 15 NW 1/4 SW 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as #1

(10) STATIC WATER LEVEL:

14 ft. below land surface. Date 4/30/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 21

From	To	Estimated Flow Rate	SWL
21	22	Cased off	
37	80	200 +	14

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	5	
Brown Clay + Silt	5	21	
Cemented Gravel	21	34	
Brown Sandy clay with large gravel	34	37	
Loose gravel	37	52	14
Brown Clay + large gravel	52	62	
Brown Silt + large gravel	62	66	
Tight Sand + gravel	66	68	14
Loose Sand + gravel	68	76	14
Tight Sand + gravel	76	80	14

Date started 4/15/96 Completed 4/30/96

(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.

Signed Jim Hearn WWC Number 1629 Date 5/2/96

(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.

Signed Floyd A. Sippo WWC Number 1273 Date 5/2/96