

WELDR # 75

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

polk
50228

(START CARD) # 095431

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

(1) OWNER:

Well Number _____
Name Perrydale Domestic Water Assoc.
Address c/o Boatwright Engineering - 2613 12th St. SE
City Salem State OR Zip 97302

(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 Test Well

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 185 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>10</u>	<u>0</u>	<u>39</u>	<u>Cement</u>	<u>0</u>	<u>39</u>	<u>14 + bent.</u>
<u>6</u>	<u>39</u>	<u>185</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 in</u>	<u>+1</u>	<u>39</u>	<u>250</u>	<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) 39 ft.

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
		<u>N/A</u>				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>0</u>			<u>1 hr.</u>

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 Polk Latitude _____ Longitude _____
Township 7-S N or S Range 5-W E or W. WM.
Section 17 SE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2315 Reimer Rd
Dallas OR 97308

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____ - Dry

RECEIVED	Estimated Flow Rate	SWL
DEC 19 1996		
WATER RESOURCES DEPT.		

(12) WELL LOG, SALEM, OREGON

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>1</u>	
<u>Broken rock + boulders</u>	<u>1</u>	<u>3</u>	
<u>Brown + gray clay with broken basalt</u>	<u>3</u>	<u>8</u>	
<u>Broken basalt with gray claystone</u>	<u>8</u>	<u>12</u>	
<u>Hard black basalt</u>	<u>12</u>	<u>48</u>	
<u>Black basalt with Multy colored claystone - Seams</u>	<u>48</u>	<u>128</u>	
<u>Gray basalt with hard gray claystone</u>	<u>128</u>	<u>144</u>	
<u>Black basalt with traces of claystone</u>	<u>144</u>	<u>170</u>	
<u>Gray claystone</u>	<u>170</u>	<u>173</u>	
<u>Brown claystone</u>	<u>173</u>	<u>179</u>	
<u>Gray claystone</u>	<u>179</u>	<u>185</u>	

Date started 10-28-96 Completed 11-1-96

(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 [Signature] WWC Number 1629
Date 11/14/96

(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 [Signature] WWC Number 1273
Date 11-14-96