POLK 50387

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WATER RESOURCES DEPT.
SALEM, OREGON

L 15631

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

(START CARD) # 89589

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

(1) OWNER: Well Number _____

Name SCOTT TAYLOR

Address P.O. BOX

City DALLAS State OR Zip 97338

(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 250 ft.

Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	19	BENTONITE	0	19	7 1/2 SACKS
6"	19	250				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other POURED

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:	6"	+1	19	250	☑	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	7	250		☐	☑	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☑ Perforations Method SAW

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
170	250	7"	210	1/8		☐	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15		250	1 hr.

Temperature of water 56 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 6 S N or S Range 6 W E or W. WM.

Section 29 NW 1/4 SW 1/4

Tax Lot 311 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 20580 STONE RD

(10) STATIC WATER LEVEL:

42 ft. below land surface. Date 6-14-97

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 170'

From	To	Estimated Flow Rate	SWL
170	195	15	42

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL BROWN	0	3	
CLAY TAN	3	11	
CLAY GRAY	11	12	
CLAY STONE "	12	170	
CLAY STONE W/B "	170	195	42
CLAY STONE GRAY	195	250	

Date started 6-11-97 Completed 6-14-97

(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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1563

Signed [signature] Date 6-16-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER