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WATER RESOURCES DEPT.  
SALEM, OREGON

POLK  
50937

Pg 1 of 2

WELL I.D. # L 33107

START CARD # 122329

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

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Western Menmonite School  
Address 9045 Wallace Rd NW  
City Salem State OR Zip 97304

(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 185 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
12	0 45	Cement	0 45	26 + bent.	
8	45 185				

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	1.5	104.5	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2" + 6"	185	160		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 104ft 6in

(7) PERFORATIONS/SCREENS:

Perforations Method Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
105	180	8x6	133			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
21	46		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 6-S N or S Range 3-W E or W. WM.  
Section 8 SE 1/4 SE 1/4  
Tax Lot 00301 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 9045 Wallace Road NW

(10) STATIC WATER LEVEL:  
30ft 6" ft. below land surface. Date 7-2-99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 34

From	To	Estimated Flow Rate	SWL
34	34		20
96	177	30	30.5

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	2	
Brown Clay	2	34	
Sticky blue Clay	34	45	
Sandy blue Clay	45	52	
Dark gray Clay Silty	52	55	
Brown + light red			
Soft clay stone	55	61	
Blue Clay	61	62	
Brown + yellow Clay	62	74	
Brown + light red clay	74	83	
Brown + light red clay with trace of Decomposed basalt	83	96	
Red Decomposed basalt	96	104.5	
Gray basalt Simi-Weathered	104.5	107	
Weathered basalt with blue + brown clay	107	121	

Cont on Pg 2

Date started 6-7-99 Completed 7-2-99

(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 \_\_\_\_\_ WWC Number 1629 Date 7-1-99

(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 R. Dipee WWC Number 1273 Date 7-6-99

