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

WELL I.D. # 37321
START CARD # 128929

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number 3451
Name Chamekata Community College
Address 1000 Lancaster Dr. NE
City Salem State OR Zip 97309

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	50	3/8 Bent	0	50	31 sacks
6"	0	160	Casing			
5 1/2"	160	240	open Hole			

How was seal placed: Method A B C D E
 Other Poured + Probed

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"	0	160	0.250	<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) 160 Tubex 5 1/2" ID

(7) PERFORATIONS/SCREENS:

Perforations Method Holt Air Perf.
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Material	Casing	Liner
80	142	5/16" x 5/16"	1488			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	Flowing <input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Time
Air 60+		240	1 hr.
40	27		24 hrs

Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom PH 6.55
Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Polk Latitude _____ Longitude _____
Township 7S N or S Range 3W E or W. WM. _____
Section 30 SW 1/4 SW 1/4 _____
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Old Park
300 Doaks Ferry Rd NW

(10) STATIC WATER LEVEL:
H3 ft. below land surface. Date 12/25/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 68

From	To	Estimated Flow Rate	SWL
68	143	40 +	43
161	240	20 +	43

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	4	
Light brown clay	4	13	
Dark brown clay	13	26	
Hard Grey broken sandstone	26	42	
Hard light grey sandstone	42	68	
Broken light grey sandstone	68	143	43
Hard Grey-Green Sandstone	143	161	
Soft light grey claystone	161		43
with pieces of broken rock		240	43



Willamette Drilling Company

Date started 12/10/99 Completed 12/25/99
(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 [Signature] WWC Number 1753
Date 12/28/99

(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 Dallas L. Davis WWC Number 561
Date 12/20/99