

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

WELL I.D. # L 46089
 START CARD # 137970

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

(1) **LAND OWNER** Well Number _____
 Name Fred Weisensee
 Address 17900 Palm Rd
 City Monmouth State Oregon Zip 97361

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	35	Cement	0	35	9
6	35	105				

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:	6	1	35	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	105	160 ⁴	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type 1/4" Round Hole Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
45	105	1/4" RH	350			<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
95		100	1 hr.

Pump Bailer Air Artesian

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 9 N or S Range 6 E or W. WM.
 Section 23 SE 1/4 NW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) **STATIC WATER LEVEL:**
45 ft. below land surface. Date 6-5-01
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
63	69	10	45
71	72	20	45
83	89	15	45

(12) **WELL LOG:**

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Yellow Sticky Clay	1	12	
Orange Sticky Clay	12	21	
Brown Sandstone	21	29	
Lt. Blue Sandstone	29	99	45
Dark Gray Sandstone	99	105	

RECEIVED

JUN 20 2001

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 6-5-01 Completed 6-5-01

(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 799
 Signed G. J. King Date 6-6-01