

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:

Name **Walling Sand & Gravel**

Address **1518 McGilchrist S**

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

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well **100** ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
11-1/4	0	3	Hole Plug	0	3
11-1/4	3	18	Cement	3	18
7-1/2	18	100			

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	+1	99	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **99 UR**

(7) PERFORATIONS/SCREENS:

Perforations		Method Air		Material			
Screens		Type Holte		Tele/pipe size			
From	To	Slot size	Number	Diameter	Casing	Liner	
50	60	1/2 x	220	1-1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		1-1/4			<input type="checkbox"/>	<input type="checkbox"/>	
85	90	1/2 x	110	1-1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		1-1/4			<input type="checkbox"/>	<input type="checkbox"/>	

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Flowing
40		90	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: _____

(WELL I.D.)# L **63199**

(START CARD) # **157904**

(9) LOCATION OF WELL by legal description:

County **Polk** Latitude **44 57.969N** Longitude **123 02.612W**

Township **7** S Range **3** W W.M.

Section **15** 1/4 1/4

Tax Lot **100** Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) **2300 Carpenter Place NW**

Salem, OR 97304

(10) STATIC WATER LEVEL:

27-1/2 ft. below land surface. Date **7/29/03**

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **40**

From	To	Estimated Flow Rate	SWL
40	60	20	27-1/2
60	80	10	27-1/2
80	100	10	27-1/2

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Loam w/Gravels Multi-Color	0	17	
Gravel Multi-Color Medium to Small	17	65	27-1/2
w/Sand Brown Fine Grained			
Sand Brown & Gray Fine to Medium	65	75	27-1/2
Grained			
Gravels Multi-Color Medium to Large	75	100	27-1/2

RECEIVED

AUG 06 2003

**WATER RESOURCES DEPT
SALEM, OREGON**

Date started **7/24/03** Completed **7/29/03**

(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 **1725**

Date **7/31/03**

(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 **1725**

Date **7/31/03**