

# 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.

POLK 51715

Polk  
51715

(WELL I.D.)# L 63199

(START CARD) # 157904

## (1) OWNER:

Well Number **3**

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	Sacks or pounds
11-1/4	0	3	Hole Plug	0	3	1-50lb
11-1/4	3	18	Cement	3	18	6-94lb
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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## (7) PERFORATIONS/SCREENS:

☒ Perforations

Method **Air**

☐ Screens

Type **Holte**

Material

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

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

☐ Pump

☐ Bailer

☒ Air

Flowing ☐ Artesian

Yield gal/min

Drawdown

Drill stem at

Time

40		90	1 hr.
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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 **44 57.969N** Longitude **123 02.612W**

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

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**

Signed *[Signature]*

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**

Signed *[Signature]*

Date **7/31/03**

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