

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.65)

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

(WELL I.D.)# **L 63207**(START CARD) # **157903****(1) OWNER:**

Well Number _____

Name **Walling Sand & Gravel**Address **1518 McGilchrist South**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 | | | Sacks or pounds |
|-----------|-----------|------------|------------------|----------|-----------|-----------------|
| Diameter | From | To | Material | From | To | |
| 14 | 0 | 19 | Hole Plug | 0 | 19 | 17-50lb |
| 10 | 19 | 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: 10 | +1-1/2 | 100 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Liner: _____

Final location of shoot(s) **100 Centrex Shoe****(7) PERFORATIONS/SCREENS:**☐ Perforations Method **N/A - Open Bottom**☐ Screens Type _____ Material _____

From _____ To _____ Slot size _____ Number _____ Diameter _____ Tele/pipe size _____ Casing _____ Liner _____

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing

Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

300 **95** **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: _____

(9) LOCATION OF WELL by legal description:County **Polk** Latitude **44 58.142N** Longitude **123 02.784W**Township **7** S Range **3** W WMLSection **15** 14 14Tax Lot **100** Lot Block SubdivisionStreet Address of Well (or nearest address) **2300 Carpenter Place NW****Salem, OR 97304****(10) STATIC WATER LEVEL:****21** ft. below land surface. Date **9/8/03**

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 | 10 | 21 |
| 60 | 80 | 40 | 21 |
| 80 | 100 | 250 | 21 |

(12) WELL LOG:

Ground Elevation _____

| Material | From | To | SWL |
|--|-----------|------------|-----------|
| Silty Loam w/Rocks | 0 | 20 | |
| Gravels Multi-Color Large To Small w/Sand | 20 | 100 | 21 |
| Gray & Black Fine To Medium Grained | | | |

RECEIVED**SEP 15 2003****WATER RESOURCES DEPT
SALEM, OREGON**Date started **9/7/03**Completed **9/8/03****(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.

Signed *Wally L. Reynolds* WWC Number **1725**Date **9/9/03****(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.

Signed *Wally L. Reynolds* WWC Number **1725**Date **9/9/03**

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