

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

(1) OWNER: Well Number **70512**
 Name **Walling Sand and Gravel**
 Address **15180 McGilchrist SE**
 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 **103** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	7	Bentonite	0	14	15 sacks
14	7	19	Cement	14	19	6 sacks with
11.31	19	100				calcium and
9	100	107				bentonite

How was seal placed: Method A B C D E
 Other **poured & probed**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **103** ft. to **107** ft. Size of gravel **3"+ round**

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	+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 shoe(s) **99.5'**

(7) PERFORATIONS/SCREENS:

Perforations Method **Holt air rotary**
 Screens Type **slot** Material **steel**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
77	97	1/4"	560	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
400+		95	1 hr.

Temperature of water **54** 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 **7** S Range **3** W WM.
 Section **15** NW 1/4 NW 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:
19 ft. below land surface. Date **06-21-04**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **17**

From	To	Estimated Flow Rate	SWL
19	70	n/a	19
70	107	400+	19

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay br	1	4	
Clay br w/gravel & sand	4	6	
Sand & gravel w/clay br	6	19	
Gravel cobbles sandy	19	24	19
Gravel cobbles & clay sandy br	24	37	19
Gravel cobbles & sand	37	62	19
Sand br to gray	62	64	19
Sandy clay br	64	66	19
Clay gray w/gravel some sandy	66	70	19
Gravel & clay sandy	70	72	19
Gravel & sand blk coarse LC w/cobbles	72	100	19

RECEIVED

JUN 28 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started **06-17-04** Completed **06-18-04**

(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 *Eugene A. White* WWC Number **1394** Date **06-22-04**

(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 *Eugene A. White* WWC Number **1394** Date **06-22-04**