

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: Well Number 3
Name Wayne Simmons (Trustee)
Address 3287 Orchard Hts NW
City Salem State OR Zip 97304

(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 305 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	97	Cement	45	97	14 bags	
6"	97	305	Bentonite	0	45	17 bags	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other Filled & tamped to top with dry bentonite

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"	+1.5	97.5	250	☒	☐	☒	☐
Liner: 4"	5	305	160	☐	☒	☒	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Saw cut
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner
220'	305'	1/8	64	6" long	4"	☐	☒

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
30 GPM		300'	1 hr.

Temperature of water 55° Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By _____
Did any strata contain water not suitable for intended use? ☐ Too much
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Polk Latitude _____ Longitude _____
Township 7 S Range 4 W WM.
Section 14 SE 1/4 NW 1/4
Tax Lot #3/100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Lot (parcel #3) off Best Rd.
NW Salem, OR

(10) STATIC WATER LEVEL:
218 ft. below land surface. Date 11/02/2006
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 290'

From	To	Estimated Flow Rate	SWL
290'	300'	30 GPM	218'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	0	1	
Brown clay	1	3	
Weathered out rock basalt	3	6	
Brown clay reddish	6	28	
Brown clay	28	44	
Dark brown clay with rock	44	51	
Rock weathered out brown basalt	51	54	
Rock brown weathered broken basalt	54	97	
Rock black broken basalt	97	109	
Rock black basalt	109	167	
Rock gray black basalt	167	239	
Rock gray basalt	239	290	
Rock brown weathered out basalt	290	298	
Rock black basalt broken	298	305	

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FEB 16 2007

WATER RESOURCES DEPT
SALEM, OREGON

Date started 10/27/2006 Completed 11/2/2006

(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 13
Signed George H. Robinson Date 11/03/2006