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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

POIK 063

OCT -4 1990

WATER RESOURCES DEPT.

(START CARD) # 24130

(1) OWNER:

Name Frances Sledge
Address P.O. Box 152
City Dallas State Oreg Zip 97738

Well Number:

CALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Polk Latitude _____ Longitude _____
Township 8 N or S Range 6 E or W WM.
Section 1 1/4 1/4
Tax Lot 512 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 16750 Oakdale R.D. Dallas, Oreg. 97738

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 410 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	29	cement	0	29	8
6"	29	410				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other _____

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"	0	29	250	☒	☐	☒	☐
Liner:	4"	0	410	188	☐	☒	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method skill saw
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	408	4" long	260	1/2" wide		☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
4	378	409	1 hr.

Temperature of water 51 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: _____

(10) STATIC WATER LEVEL:

31 ft. below land surface. Date 9-11-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
248	250	4 gpm	31'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown clay on grit	0	4	
Brown and red clay	4	8	
Brown and gray clay on grit	8	10	
Brown sand stone	10	15	
gray sand stone	15	40	
Hard gray sand stone	40	150	
Broken gray sand stone	150	275	
light gray sand stone	275	320	31
gray sand stone	320	410	

Date started 9-7-90 Completed 9-11-90

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
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 well construction standards. This report is true to the best of my knowledge and belief.

Signed R. W. With WWC Number 1271
Date 10-3-90