

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

*Polk  
910*

*9S/4W/33  
68685*

(START CARD) #

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

**(1) OWNER:**

Name H G Olsen Well Number \_\_\_\_\_  
Address 13605 Corvallis Rd  
City Monmouth State OR Zip 97361

**(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 60 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	21	Bentonite	0	21	14 Sacks
8	21	60				

How was seal placed: Method  A  B  C  D  E

Other Placed Dry  
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: 8 in	+1	57.5	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) 57 ft

**(7) PERFORATIONS/SCREENS:**

Perforations Method Mills Knife  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
45	49	3/8 x 3/4	48			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
15	24		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 \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 9-S N or S Range 4-W E or W. WM. \_\_\_\_\_  
Section 33 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Same as #1

**(10) STATIC WATER LEVEL:**

11 ft. below land surface. Date 10-14-94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
45	49	15	11

**(12) WELL LOG:**

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	2	
Sticky brown clay	2	14	
Blue clay	14	24	
Sandy blue clay	24	29	
Sticky blue clay	29	34	
Blue sandy clay	34	37	
Green sandy clay	37	45	
Loose water Sand & gravel	45	49	11
Sticky blue clay	49	60	

**RECEIVED**  
NOV 09 1994  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 10-12-94 Completed 10-14-94

**(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 Wm C Smith WWC Number 175  
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.

Signed Floyd Sippe WWC Number 1273  
Date 10-25-94