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

WATER RESOURCES DEP.
SALEM, OREGON

(START CARD) #

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

(1) OWNER: Well Number _____

Name H G Olsen
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 61 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	22	Cement	0	22	11+ bent
10"	22	61				

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 22 ft. to 61 ft. Size of gravel P-gravel

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8in	+1	509"	5/8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8in	56	61	1/4"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Houston Material Stainless

From	To	Slot size	Number	Diameter	Tele pipe size	Casing	Liner
509"	56	70				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
125	7 ft		4 hr.

Pump Bailer Air Flowing Artesian

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:
7 ft. below land surface. Date 11-22-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 43 ft

From	To	Estimated Flow Rate	SWL
43	43.5	10-15	7
51	56	200	7

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Hard brown clay	3	19	
Sandy brown clay	19	21	
Blue clay	21	27	
Sandy blue clay	27	43	
Gravel	43	43.5	7
Sandy Gray clay	43.5	51	
Water gravel	51	56	7
Gray clay	56	61	

Date started 11-7-94 Completed 11-22-94

(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 WMC Smith WWC Number 125 Date 11-22-94

(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 Flagg Supp WWC Number 1213 Date 11-22-94