

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

RECEIVED

9s/4w/33
 (START CARD) # 71118

140
 Polk
 970
 MAY 02 1995

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

(1) OWNER: Well Number SALM
 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 57 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	21	Cement	0	21	10+ bents
10	21	57				

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

Backfill placed from 21 ft. to 23 ft. Material bentonite
 Gravel placed from 23 ft. to 57 ft. Size of gravel P-gravel

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8 in	+1	41.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 in	52	57	.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) None

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Houston Material 304

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
41.5	52	100		8"	pipe size	<input 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
100	16 ft.		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:
 _____ ft. below land surface. Date 4-18-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 41 ft

From	To	Estimated Flow Rate	SWL
41	50	200	0

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown clay	2	18	
Brown sandy clay	18	22	
Blue sandy clay	22	30	
Brown clay & sand & gravel	30	36	
Sandy blue clay	36	41	
Water gravel	41	50	0
Gray sandy clay	50	52	
Blue sticky clay	52	57	

Date started 4-5-95 Completed 4-18-95

(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 175 Date 4-18-95

(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 R. Sipp WWC Number 1273 Date 4-18-95