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

UMAT
5834

RECEIVED
JUN - 1 1993

6N/35E/27dd
30344

(1) OWNER:
Name Todd Davis
Address Rt #3 Box 54-A
City Willamette Falls State OR Zip 97142

Well Number: WATER RESOURCES DEPARTMENT
LOCATION OF WELL by legal description:
SALEM, OREGON County Umatilla Latitude _____ Longitude _____
Township 6 N or S Range 35 E or W, WM.
Section 27 SE 1/4 SE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(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
Explosives used Yes No
Type _____ Amount _____
Depth of Completed Well 202 ft.

HOLE SEAL

Diameter	From	To	Material	From	To	Amount sacks or pounds
14	0	10	Bestcrete	0	20	78
10	20	202				

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: 10 + 1/2	0	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	42	202		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 58 1/2

(7) PERFORATIONS/SCREENS:
 Perforations Method Sawed
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
02	202	1/8 x 600				<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 150 + Drawdown _____ Drill stem at 200 Time 1 hr.

Temperature of water 57° 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:
40 ft. below land surface. Date 5-14-93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
70	80	20	
100	200	150	40

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil + Gravel	0	9	
Gravel + Clay	9	32	
Cement + Gravel	32	202	40

Date started 5-6-93 Completed 5-14-93

(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 Charles L. Sumner WWC Number 575
Date 5-26-93