

UNIO
50164

RECEIVED

AUG - 7 1997

WELL I.D.#

L 13786

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # W 74153

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

(1) OWNER:

Name John Gregory
Address 205 main
City Fatmenda State OR Zip 9

SALEM, OREGON
Well Number

(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 303 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>20</u>	<u>0</u>	<u>22</u>	<u>PTD GPM</u>	<u>0</u>	<u>22</u>	<u>38 SKS</u>
<u>17 1/2</u>	<u>22</u>	<u>303</u>				

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:	<u>16</u>	<u>+2</u>	<u>303</u>	<u>.25</u>	<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)

(7) PERFORATIONS/SCREENS:

Perforations Method SAW CUT
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>103</u>	<u>303</u>	<u>1/8 X 3"</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>7200 SLOTS</u>				<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
<u>1000</u>		<u>300</u>	<u>1 hr.</u>

Temperature of water 52 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 Union Latitude _____ Longitude _____
Township 3 S N or S Range 38 E E or W. WM.
Section 13 SW 1/4 54 1/4
Tax Lot 3100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

16 ft. below land surface. Date 7-3-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>4'</u>	<u>305</u>	<u>1500</u>	<u>16</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>clay + soil</u>	<u>0</u>	<u>18</u>	
<u>Gravel large</u>	<u>18</u>	<u>32</u>	
<u>Gravel med</u>	<u>32</u>	<u>100</u>	
<u>clay + Gravel small</u>	<u>100</u>	<u>117</u>	
<u>Gravel med</u>	<u>117</u>	<u>157</u>	
<u>clay + Gravel</u>	<u>157</u>	<u>172</u>	
<u>Blue clay + Gravel</u>	<u>172</u>	<u>227</u>	
<u>Blue clay + Gravel</u>	<u>227</u>	<u>295</u>	
<u>Blue clay + Gravel</u>	<u>295</u>	<u>305</u>	

Date started 6-12-97 Completed 7-5-97

(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.

WVC Number _____
Signed RUSSTY OTTO Date 7-5-97

(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.

WVC Number 544
Signed Garry Bend Date 7-5-97