

City SALEM State OR Zip 97302

Alteration (complete 2a & 10)	Abandonment (complete 5a)
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Material	From	To	Amt	sacks/lbs
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☐ Thermal ☐ Injection ☐ Other

sacks/

Explosives used: ☐ Yes Type _____ Amount _____

Proposed Amount	Pounds	Actual Amount	Pounds
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Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
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Shoe		Inside		Outside		Other	Location of shoe(s)
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Temp casing ☐ Yes Dia ☐ From ☐ To ☐

Perforations Method DRILLED

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Temperature 56 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below) TDS amount 52 ppm

From	To	Description	Amount	Units
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☒ Street address of well ☐ Nearest address

Flowing Artesian? ☐ Dry Hole? ☐

Depth water was first found 230

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
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Ground Elevation

OWRD

Date Started 04-15-2020

Completed 04-17-2020

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number	Date
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Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1492, Date 04/20/2020

Signed Mei Bresh

Contact Info (optional) _____