

MAR-1
54078

JUL 01 1999

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 33101
START CARD # 118497

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

New lot

(1) OWNER: Well Number _____
Name Robert Purdy
Address PO Box 4179
City Salem State OR Zip 97302

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

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
8	0 105	Cement	0 102 25 lbent
6	102 202		

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: 6 in	0	202	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 in	0	203	1/4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
143	198	1/8 x 6	107			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____ 1 hr.

30 200 1.5

Temperature of water 54 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 Marion Latitude _____ Longitude _____
Township 9-S N or S Range 3-W E or W. WM.
Section 4 NE 1/4 SE 1/4
Tax Lot None Block _____ Subdivision _____
Street Address of Well (or nearest address) 934 Camlot Drive S Salem, OR 97306

(10) STATIC WATER LEVEL:
129 ft. below land surface. Date 6-16-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
22	23	1.2	
159	203	30+	129

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil with small boulders	0	7	
Semi-broken gray basalt	7	22	
Weather basalt	22	59	
Hard black basalt	59	78	
Soft black basalt	78	106	
Semi-broken basalt	106	133	
Gray basalt	133	139	
Gray basalt with weathered seams	139	159	
Weathered basalt with porous seams	159	203	129

Date started 6-12-99 Completed 6-16-99
(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 [Signature] WWC Number 1629
Date 6-17-99

(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 J. [Signature] WWC Number 1273
Date 6/17/99