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Pg 1 of 2

STATE OF OREGON
WATER SUPPLY WELL CONSTRUCTION REPORT
(as required by ORS 537.765)
WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 33119

START CARD # 121135

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

New Lot

(1) OWNER: Well Number _____
Name Jeff Aeschliman
Address 1922 Cuckoo Ct NW
City Salem State OR Zip 97304

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10	0 54	Cement	0		
8	54 299		199		32 + bent

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	14"	199	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4-in	+4"	500	*160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None used

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
420	490	8x6	58			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
40			1 hr.

Temperature of water 53 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 7-S N or S Range 3-W E or W. WM.
Section 78 Nw 1/4 Nw 1/4
Tax Lot None Lot 13 Block _____ Subdivision _____
Street Address of Well (or nearest address) None Lot 13 of Winslow Valley Estates W-Salem

(10) STATIC WATER LEVEL:
297 ft. below land surface. Date 8-23-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 113

From	To	Estimated Flow Rate	SWL
113	161	2-3	
362	490	40	297

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil + Boulders	0	1	
Tan clay hard	1	3	
Small + Med Boulders	3	7	
Med-large Boulders	7	27	
Broken basalt caving	27	52	
Brown clay + basalt	52	86	
Boulders + broken clay basalt	86	88	
Brown + gray clay with			
Weathered basalt	88	111	
Gray basalt	111	113	
porous basalt gray	113	125	
Gray basalt with			
Ashstone seams	125	149	
Simi weathered basalt	149	161	
Gray + black basalt	161	169	
Simi wethereed basalt	169	174	
Gray basalt Hard	174	230	
Slightly fractured			
gray basalt	230	292	

Cont on Pg 2

Date started 8/13/1999 Completed 8/23/1999
(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 8-28-99

(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 8/28/1999

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STATE OF OREGON
WATER SUPPLY WELL REPAIR WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 33119

START CARD # 121135

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

New lot

(1) OWNER: Well Number _____
Name Jeff Aeschliman
Address 1922 Cuckoo Ct NW
City Salem State OR Zip 97304

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input 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 _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
			1 hr.

Temperature of water _____ 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 7-S N or S Range 3-W E or W. WM.
Section 18 NW 1/4 New 1/4

^ Tax Lot None Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) None Lot 13 of Winslow Valley Estates W-Salem

(10) STATIC WATER LEVEL:
297 ft. below land surface. Date 8-23-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 113

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Dark gray basalt	292	324	
Slightly fractured basalt set	324	334	
Dark gray basalt med	334	362	
Fractured gray basalt	362	388	
Gray basalt	388	401	
Fractured gray basalt	401	425	
Gray basalt	425	449	
Simi-fractured gray basalt	449	460	
Weathered basalt			
Simi Porous	460	490	
Gray basalt	490	500	
Packer set at 300 ft.			

Date started 8-3-99 Completed 8-23-99

(unbonded) Water Well Constructor Certification:
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Signed _____ WWC Number 1629 Date 8-28-99

(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 Sipp WWC Number 1273 Date 8-28-99