

**Stratus Corporation**  
39515 SW Hartley Rd, Gaston, OR 97119  
Phone (503) 985-7912 Fax (503) 985-1953  
**Well Repair Questionnaire**

Date \_\_\_\_\_

**Section A**

**Engineering/Consulting Firm**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Person \_\_\_\_\_

**Well Owner**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_

**Well Location**

- 1.) Street address \_\_\_\_\_
- 2.) Tax Lot Number of well location \_\_\_\_\_
- 3.) Township \_\_\_\_\_ N / S Range \_\_\_\_\_ E / W \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of Section \_\_\_\_\_
- 4.) County \_\_\_\_\_

**Section B**

**Well Number(s)** (The well number is the original start card or well log number)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

**Owners Well I.D. Number(s)** (i.e. MW-1)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

**Well Casing**

Diameter  2 inch  4 inch  6 inch  
Material  PVC  other \_\_\_\_\_  
 Welded  Glued  Threaded  
Total Depth \_\_\_\_\_ Feet below land surface  
Water temperature \_\_\_\_\_

**Protective Cover**

Flush   
Above Ground