

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

MAR 17 2 29 PM

FROM

(START CARD) # 22432

(1) OWNER: Well Number: _____
 Name Gary Vachter
 Address 17124 French Prairie Rd. NE
 City St. Paul State OR Zip 97137

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 263' ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
16"	0' 20'	Bentonite	0' 20'	29 sacks
12"	20' 263'			

How was seal placed: Method- A B C D E
 Other OK 690-210-340 Granular bentonite
 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: 12"	0'	219'3"	.250"	<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) 219'3"

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
187'	220'	8"	8"	Pipe		<input type="checkbox"/>	<input type="checkbox"/>
220'	226'	8"	60	8"	pipesize	<input type="checkbox"/>	<input type="checkbox"/>
226'	253'	130		8"	pipesize	<input type="checkbox"/>	<input type="checkbox"/>
253'	263'			8"	Pipe	<input type="checkbox"/>	<input type="checkbox"/>
263'	Bottom			plate & lifting	bail	<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
900	40'	250	1 hr.
900	46'	250	1 hrs.

Temperature of water 53 degrees 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: _____ **11002**

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 5S Nor S. Range 2W E or W. WM _____
 Section 5 SE 1/4 NE 1/4
 Tax Lot parcel L00100 Block _____ Subdivision _____
 Street Address of Well (or nearest address) Mahony Rd.
St. Paul, OR

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 5/10/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 80'

From	To	Estimated Flow Rate	SW
80	100	200 gpm	21
221	254	1000 gpm	21

(12) WELL LOG: Ground elevation _____

Material	From	To	SW
Clay brown	0	38	
Clay grey	38	79	
Sand black	79	100	
Sand, clay grey	100	103	
Clay sticky grey	103	105	
Clay sandy grey	105	133	
Clay sticky grey	133	141	
Clay sandy grey	141	143	
Clay grey sticky	143	189	
Clay sandy grey	189	210	
Gravel, clay	210	221	
Sand	221	229	
Sand, gravel	229	231	
Sand black	231	251	
Sand, gravel	251	254 1/2	
Clay grey	254 1/2	263	

JAN 06 2010

Date started 2/27/91 Completed 5/10/91

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(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. work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 783
 Signed _____ Date 5/29/91

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D.# 102412

(START CARD)# 78620

(1) OWNER: Well Number _____

Name Gary Vachter
Address 17124 French Prairie Rd.
City St. Paul State OR Zip 97137

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	10	Bentonite	0	10	14 sacks
20"	10	120	cement/5% bentonite	10	120	72 sacks
16"	120	302				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 242 ft. to 301 ft. Size of gravel 5/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2'8"	242'	.375	<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) 242'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
+3'8"	243'6"			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
243'6"	293'6"	.080		12"		<input type="checkbox"/>	<input type="checkbox"/>
293'6"	301'6"			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
301'6"	Bottom plate					<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1000	58'9"		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: _____ 11002

(9) LOCATION OF WELL by legal description:

County Marion Latitude _____ Longitude _____
Township 5S N or S Range 2W E or W. WM.
Section 4 SW 1/4 NE 1/4
Tax Lot 00900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 17124 French Prairie Road St. Paul, OR

(10) STATIC WATER LEVEL:
37.5 ft. below land surface. Date 12/5/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 89'

From	To	Estimated Flow Rate	SWL
89	97	30 gpm	20'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	47	
Clay gray	47	89	
Sand & gravel	89	97	20'
Clay gray	97	124	
Clay, sand gray	124	135	
Clay gray	135	165	
Sandy clay gray	165	174	
Clay gray	174	197	
Sand, claygray	197	206	
Sand/silt/gravel	206	242	
Sand & gravel	242	296	37.5'
Clay sticky gray	296	302	

Date started 8/27/96 Completed 12/5/96

(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 Kermit Martin WWC Number 1391 Date _____

(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 Jean J. Jussen WWC Number 783 Date _____