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

JUN 24 1986

SALEM, OREGON
RESOURCES DEPT

(1) OWNER:
Name City of Monroe
Address Commercial St
City Monroe State OR Zip 97456

Owner's Well Number: 238

(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:
Depth of Completed Well 70 ft.
Special Standards date of approval _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>70</u>	<u>0</u>	<u>18</u>	<u>Cement</u>	<u>0</u>	<u>18</u>	<u>8 SACKS</u>

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: <u>6</u>	<u>72</u>	<u>70</u>	<u>.250</u>	<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"/>

Location of shoe(s) 70 ft

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>77</u>	<u>54</u>	<u>3/8</u>	<u>35</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>X</u>				<input type="checkbox"/>	<input type="checkbox"/>
		<u>3</u>				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 100+ Pumping level _____ Drill stem at 63 ft Time 5 hrs
1 hr

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom UNKNOWN
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other UNKNOWN
Depth of strata: TO Bailer

(9) LOCATION OF WELL by legal description:
County Benton Latitude _____ Longitude _____
Township 145 N or S, Range 5W E or W, WM.
Section 33 SE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Highway 99 W
City Park

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 6/9/86
Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
<u>Topsoil</u>	<u>0</u>	<u>1</u>		
<u>Brown Clay</u>	<u>1</u>	<u>4</u>		
<u>Brown Sandy Clay</u>	<u>4</u>	<u>16</u>		
<u>Brown Clay & Gravel</u>	<u>16</u>	<u>30</u>	<u>Yes</u>	
<u>Sand & Gravel</u>	<u>30</u>	<u>37</u>		
<u>Blue Clay & Gravel</u>	<u>37</u>	<u>45</u>		
<u>Blue Sand & Gravel</u>	<u>45</u>	<u>47</u>	<u>Yes</u>	
<u>Black sand & Gravel</u>	<u>47</u>	<u>54</u>	<u>Yes</u>	<u>11</u>
<u>Blue Clay</u>	<u>54</u>	<u>69</u>		
<u>Blue Sandstone</u>	<u>69</u>	<u>70</u>		

Date started 6/4/86 Completed 6/9/86

(unbonded) Water Well Constructor Certification:
I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
Signed Donald J. Jorgensen Date 6/15/86
Company Mid Valley Drilling Co. Job No. _____