

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

OCT 17 1986

CLAC
 1013

15/4E-30

WATER RESOURCES DEPT. LOCATION OF WELL by legal description:
 SALEM, OREGON

(1) OWNER: Renadon NURSERY
 Name Renadon NURSERY
 Address 10136 SE, 282
 City Boring State OR Zip _____
 Owner's Well Number _____

County CLATSOP Latitude _____ Longitude _____
 Township 15 N or S, Range 4E E or W, WM.
 Section 30 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1000 FT EAST 077
FREEWAY ACCESS Rd. CORNER 282 & HWY 26.

(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 440 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount
meter	From	Material	To	
0	140	Cement	140	31
			60	

How was seal placed? Method A B C D E

Other _____

Backfill placed from 120 ft. to 60 ft. Material Rock cuttings & cement

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel		Plastic		Welded Threaded	
					✓				✓	
	6	+1	440	250						

Liner: _____

Location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	440	18-2	2400			✓	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Pumping level _____ Drill stem at _____ Time _____
 100 _____ 440 _____ 1 hr
 70 _____ 360 _____ 2 HR
 54 _____ 320 _____ 3 HR
 40 _____ 280 _____ 3 1/2 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: _____

(10) STATIC WATER LEVEL:
205 ft. below land surface. Date 7-25-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
TOP SOIL	0	2		
CLAY	2	43		
BASALT ROCK	43	145		
Red Shell	145	156		
BASALT ROCK	156	240		
CLAY	240	247		
Cement GRAVEL WITH Large Boulders	247	329	WB	205
CLAY	329	335		
Cement GRAVEL	335	390	WB	205
DRY CLAY	390	403		
GRAVEL Fine	403	420	WB	205
Blue CLAY	420	424		
GRAVEL	424	435	WB	205
Blue CLAY	435	440		

Date started 2-18-85 Completed 7-25-86

(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 Ted Pulliam Date 8-2-86
 Company Ted Pulliam Well Drilling Job No. _____