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OCT 13 1987

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

(1) OWNER:

Name Dan Knopp
Address 1150 Spruce St. NE
City Aurora Salem State Or. Zip 97013

Well Number: WATER RESOURCES DEPT.
SALEM, OREGON Location OF WELL by legal description:
Township 4S Nor S, Range 1E E or W, WM.
Section 32 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29800 S Barlow Rd
Aurora, Or. 97002

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 19'	cement	0 19'	12 sacks	
6"	19' 127'				

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"	+16'	127'	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"/>

Location of shoe(s) 127'

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
104'	120'	1/8"	600			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		X				<input type="checkbox"/>	<input type="checkbox"/>
		1"				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
80		125'	1 hr.

Temperature of water 54 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:

51 ft. below land surface. Date 9/28/87
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 61'

From	To	Estimated Flow Rate	SWL
61'	74'	10 GPM	47'
91'	94'	10 GPM	47'
103'	121'	80 GPM	51'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay, brown	2	18	
Clay, blue	18	46	
Gravel, clay, medium, brown	46	48	
Clay, brown	48	61	
Gravel, sand, medium, brown	61	74	47'
Clay, blue	74	91	
Sand, brown	91	94	47'
Clay, brown	94	103	
Sandstone, gravel, black, medium	103	121	51'
Clay, blue	121	127	

Date started 9/23/87 Completed 9/28/87

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
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 well construction standards. This report is true to the best of my knowledge and belief.

Signed George J. Wainwright WWC Number 637
Date 10/10/87