

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

RECEIVED
 SEP 11 1986
 WATER RESOURCES DEPT.
 SALEM, OREGON

CLAC
 015098
 ws/IE-422

(1) OWNER: Owner's Well Number: _____
 Name Markum Inn
 Address 36903 S. Hwy 213
 City Marquam State Or. Zip 97362

(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 705 ft.
 Special Standards date of approval _____

Diameter	HOLE From	To	Material	SEAL		Amount
				From	To	

How was seal placed? Method A B C D E
 Other original
 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>orig</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>orig</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoes(s) _____

PERFORATIONS/SCREENS:
 Perforations Method NA
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 7 Pumping level _____ Drill stem at 705 Time 1 hr

Temperature of water 55 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: _____

(9) LOCATION OF WELL by legal description:
 County Clack Latitude _____ Longitude _____
 Township 6S N or S, Range 1E E or W, WM.
 Section 4 SE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 36903 S. Hwy 213 Marquam, Or.

(10) STATIC WATER LEVEL:
96.5 ft. below land surface. Date 8-26-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Sandstn gry-grn hrd	365	431		
same with brn insms	431	467	H2O	
Sandstn conglm gry				
red, grn brn	467	490		
Claystn hard brn				
with shale oil strks	490	503	H2O	
Sandstn conglm with				
gry-grn-brn insms	503	516		
Sandstn hard gry-grn	516	583		
Claystn hard gry-grn	583	604	H2O	
Sandstn hard gry	604	705		

Date started 8-25-86 Completed 8-25-86

(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 Charles Staco Date 8-26-86

Company Staco Well Services Co. Job No. _____