

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

clas
17200

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55/2E/14ca

(START CARD) # 37303

WATER RESOURCES DEPT.
 SALEM

(1) OWNER: Well Number _____
 Name CHAPMAN NURSERY
 Address 32694 S. DICKEY PRAIRIE RD.
 City MOLALLA State OR Zip 97038

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	56	CEMENT W/ 5% BENT	0	53	42
6	56	235				

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	+1	160	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5	155	235		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 160

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
58	80	3/8x2	165			<input checked="" type="checkbox"/>	<input type="checkbox"/>
175	235	1/8x6	272			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
71	57		4.25

Temperature of Water 56 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom NO
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other TOO SHALLOW
 Depth of strata: ABOVE 40'

(9) LOCATION OF WELL by legal description:
 County CLACK Latitude _____ Longitude _____
 Township 5S N or S. Range 2E E or W. WM. _____
 Section 14 NE 1/4 SW 1/4
 Tax Lot 1101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
1.5 ft. below land surface. Date 12-21-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 3

From	To	Estimated Flow Rate	SWL
60	71	60	
176	235	30	

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
TOPSOIL	0	1.5	
CLAY BRN W/GRAVEL & COBBLES	1.5	4	
COBBLES, GRAVEL W/BOULDERS	4	17	
CEMENTED GRAVEL	17	39	
CLAY BLUE W/GRAVEL	39	41	
CLAYSTONE BLUE	41	53	
SANDSTONE BLUE GREEN	53	60	
CLAYSTONE BROWN	60	71	
CLAY & SANDSTONE SOFT GRY/WHT	71	102	
CLAY GREY	102	116	
CLAYSTONE GREEN SOFT	116	121	
SANDSTONE GREY SOFT	121	136	
CLAY GREY GRITTY	136	157	
CLAYSTONE GREY/BRN SOFT	157	176	
GRAVEL, SANDSTONE, CLAYSTONE, CONGLOMERATE W/CLAY	176	236	
BASALT	236	237	

WESTERBERG DRILLING INC.
 31850 S. Hwy. 213
 P.O. Box 562
 Molalla, OR 97038
 829-2526

Date started 12-11-91 Completed 12-21-91

(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.

WVC 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. 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.

WVC Number 688
 Signed Steven N. Stadel Date 12-23-91