

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

RECEIVED

APR 7 1993

(START CARD) # 35244

43/1E/22cb

C19C
 18443

(1) OWNER:

Name Dan Haaman
 Address 8732 E. Burnside St
 City Portland State OR. Zip 97216

Well Number 136

(9) LOCATION OF WELL by legal description:

County Salem, Oregon Latitude _____ Longitude _____
 Township 4 N or S Range 1 E or W. WM. _____
 Section 22 NW 1/4 SW 1/4
 Tax Lot 401 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) S Macksburg Rd

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

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	20	Cement	0	20	22 sacks
8"	20	315				

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: 8"	18"	297'	.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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type 8" tele Material 304 SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
290	295				8"	<input type="checkbox"/>	<input type="checkbox"/>
295	315	25				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200		314	1 hr. 32

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:

60 ft. below land surface. Date 2-22-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 140

From	To	Estimated Flow Rate	SWL
140	146	30 GPM	48'
220	230	50 GPM	60'
295	315	200 GPM	60'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
clay, brown	2	23	
clay, sand, brown, fine	23	36	
clay, blue	36	85	
clay, sand, blue, fine	85	140	
sand, black, med	140	146	48'
clay, blue	146	210	
clay, sand, blue, fine	210	220	
sand, black, fine	220	230	60'
clay, blue	230	245	
claystone, blue	245	275	
clay, blue	275	295	
sand, black, med	295	315	60'

Date started 12-10-92 Completed 2-25-93

(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.

WWC 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.

WWC Number 1277
 Signed Robert Ken Date 3-22-93