

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

CLAC 18450
MARI. 11.10

WATER RESOURCES DEPT. RESOURCES DEPT.
 SALEM, OREGON SALEM, OREGON

JUL 20 1987 APR 14 1993 *3s/1W-3666*

(1) OWNER: Name Stanley Schaad Well Number: _____
 Address 24536 NE Airport Rd
 City Aurora State OR Zip 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:
 Final Construction approval Yes No Depth of Completed Well 183 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
2	0	25	Bentonite	0	25	21 sacks
8	25	217				

How was seal placed: Method A B C D E
 Other Dry granular sand & _____
 Backfill placed from 217 ft. to 183'-8" Material Formation-clay.
 Gravel placed from no ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+1 1/2	137	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	7"OD	137	124	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	7"OD	169	183	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 209ft.

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type Stainless telescope Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
169	209		306			<input checked="" type="checkbox"/>	<input type="checkbox"/>
137	142 1/4"	.016		6-5/8"	d. Tele.	<input type="checkbox"/>	<input type="checkbox"/>
142 1/4"	147 1/8"	.020		6-5/8"	d. Tele.	<input type="checkbox"/>	<input type="checkbox"/>
147 1/8"	153	.016		6-5/8"	d. Tele.	<input type="checkbox"/>	<input type="checkbox"/>
153	169	.020		6-5/8"	d. Tele.	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40	26		1/2 hr.
132		135	2 "
157		163	2 "

Temperature of water approx 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: _____

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 3 S. N or S, Range 1 W. E or W, WM.
 Section 36 N.W. 1/4 N.W. 1/4
 Tax Lot 00200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 6/17/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found approx. 100 ft.

From	To	Estimated Flow Rate	SWL
137	169	157 165	65

(12) WELL LOG: Ground elevation approx. 190 ft.

Material	From	To	SWL
Top- soil- brn.-	0	2	
Clay- brn.-	2	12	
Clay- brn.- sandy-	12	40	
Clay-brn.-very sandy-	40	70	
Muddy- packed sand--	70	95	
Sandy-clay-	95	101	
Sand & small gravel-	101	105	55
Med. Conglom.-softer-	105	113	
Clay- blue-	113	134	
Sand with a few scattered gravel-	134	141	55
Course-sand-grey with gravel-	141	144 1/2	55
Course-gravel & sand-grey-	144 1/2	146	55
Med.-conglom.-hard- grey-	146	150	55
Softer streak- sand-grey-	150	151	
Med.gravel & sand-blueish-grey-	151	155	65
Med. conglom.-grey-	155	157	65
Looser gravel & sand-blue-grey-	157	159	65
Med.conglom.-brown-	159	172	65
Med.conglom.-with more clay-	172	182	65
Clay-blue & greenish-grey-	182	186	
Sandy- clay-grey-	186	217	

Date started 4/14/87 Completed 6/17/87

(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 Stanley Schaad WWC Number 653 Date 7-18-87

(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 Paul R. Stadel WWC Number 296 Date 7-18-87