

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

CLAC02452

5/12/1109

RECEIVED

(START CARD) # _____

(1) OWNER:

Name RURAL DEL SCHOOL
 Address 10500 S. HWY 211
 City MOLALLA State ORE. Zip 97131

Well Number: OCT 24 1988
 WATER RESOURCES DEPT. SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County CLATSOP Latitude _____ Longitude _____
 Township 5S N or S, Range 1E E or W, WM. _____
 Section 11 NE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 10500 S. HWY 211
MOLALLA ORE.

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0' 56'	Cem. + BENT	0' 56'	35 SKS CEM	
6"	56' 195'			4 SKS BENT	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 176 ft. to 195 ft. Size of gravel 1/4" x 1/8"

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					✓	□	□	□	□	□	□	□
Casing:	6"	11.5'	178'	.250	✓	□	□	□	□	□	□	□
Liner:	3"	173.5'	178.5'	.250	✓	□	□	□	□	□	□	□
	3"	188.5'	193.5'	.250	✓	□	□	□	□	□	□	□

Final location of shoe(s) 178'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type V-SLOT Material 304 STAIN-LESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
176.5'	188.5'	100		3"	P.S.	□	□

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40 GPM	15'		1 hr.
46 GPM	28'		3 HRS.

Temperature of water 54° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom WATERLAB
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:

68 ft. below land surface. Date 10/7/88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL
35'	43'	10 GPM	20'
125'	138'	15 GPM	60'
178'	188'	45 GPM	68'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
BROWN SILTY CLAY	0'	13'	
BROWN CLAY W/SMALL GRAVEL	13'	35'	
SMALL GRAVEL, BROWN SAND + SOME BROWN CLAY - W.B.	35'	43'	20'
BROWN SILTY CLAY	43'	46'	
BROWN CLAY + GRAVEL	46'	50'	
BR. SILTY CLAY	50'	51'	
BR. CLAY W/ GRAVEL	51'	60'	
BR. SANDY CLAY	60'	62'	
BR. CLAY W/ GRAVEL	62'	65'	
BR. SANDY CLAY	65'	68'	
BR. CLAY + GRAVEL	68'	71'	
BROWN CLAY - SILTY W/ SAND	71'	74'	
BR. CLAY W/ SMALL GRAVEL	74'	76'	
GRAY CLAY - SOFT W/ GRAVEL	76'	81'	
BR. CLAY - SOFT	81'	93'	
REDDISH - BROWN CLAY W/ COARSE SAND	93'	99'	
BROWN CLAY - DENSE	99'	106'	
BR. CLAY - SOFT	106'	114'	
GRAY SILTY CLAY W/ BLACK SAND	114'	121'	
GRAY SANDY CLAY	121'	125'	
BLACK FINE - COARSE SAND + GRAY CLAY - WATER BEARING	125'	135'	60'

Date started SEPT. 10, 1988 Completed OCT. 12, 1988

(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 633
 Signed Michael Waldrop Date 10-19-88

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

RECEIVED
 OCT 21 1982
 WATER RESOURCES DEPARTMENT
 OREGON
 SLAC
 02453

(1) **OWNER:**
 Name RURAL DELL SCHOOL
 Address _____
 City _____ State _____

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

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) _____

PERFORATIONS/SCREENS:
 Perforations Method _____
 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 _____ Drawdown _____ Drill stem at _____ Time _____
 _____ 1 hr. _____

Temperature of water _____ 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:**
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
DARK GRAY SILTY CLAY	138'	149'	
DARK GRAY CLAY W/ BITS OF GRAVEL + CLAYSTONE	149'	162'	
DARK GRAY CLAY - DENSER	162'	167'	
GRAY CLAY - DENSE	167'	170'	
GRAY SILTY CLAY - SOFTER	170'	178'	
SOFT GRAY CLAY W/ SEAMS OF BLACK SAND, FINE - COARSE + BEARING WATER	178'	188'	68'
GRAY SANDY CLAY	188'	195'	
FORMATION IN THIS INTERVAL WAS DRILLED AT A FAIRLY RAPID RATE. IT WAS EXPECTED THAT THIS MATERIAL WOULD NOT SUPPORT ITSELF, BUT AN UNCASSED HOLE REMAINED OPEN, EVEN DURING BAILING + PUMPING OF THE WELL. A SCREEN W/ GRAVEL WAS INSTALLED TO INSURE THAT WELL BORE WOULD NOT COLLAPSE.			

Date started _____ Completed _____

(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:**
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 WWC Number _____
 Signed _____ Date _____