

25/4E-2cb

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

APR 20 1987

(1) OWNER: **WATER RESOURCES DEPARTMENT**  
Name Harrison McKnight SALEM, OREGON  
Address 24635 S.E. STARK  
City FRONTDALE State ORE. Zip 97030

RELOCATION OF WELL by legal description:  
County CLATSOP Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 23 N or S, Range 4E E or W, WM.  
Section 2 NW 1/4 SW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) NW CORNER S.E. 362 and Kelso Rd. Sandy

(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 \_\_\_\_\_

BORE HOLE CONSTRUCTION:  
Special Construction approval Yes  No  Depth of Completed Well \_\_\_\_\_ ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE Diameter	From	To	Material	SEAL		Amount sacks or pounds
				From	To	
72	0	55	Cement	0	55	29

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
8	72	400	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"/>

location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method Air Perforations  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
360	400	1/8-2	1200	8		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 100 80 Drawdown 395 340 Drill stem at \_\_\_\_\_ Time 1 hr. 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:  
270 ft. below land surface. Date \_\_\_\_\_  
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	150	10	80
230	245	30	140
360	390	100	270

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
TOPSOIL	0	2	
Red CLAY	2	40	
Cemented GRAVEL	40	75	
SANDSTONE	75	95	
CLAY + SAND	95	140	
GRAVEL	140	180	80
ROCK	180	210	
STANDSTONE	210	240/140	
Fine GRAVEL with CLAY	240	280	
SAND FINE	280	315	
Blue CLAY	315	320	
SOFT UOLC. ROCK.	320	325	
SAND + CLAY	325	340	
Blue CLAY	340	360	
Coarse SAND + GRAVEL	360	388	270
Blue CLAY	388	392	270
Coarse SAND + GRAVEL	392	400	270

Date started 3-23-87 Completed 4-7-87

(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.  
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 616  
Signed [Signature] Date 4-15-87