

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

CLAC
 05484

AUG 10 1987
 WATER RESOURCES DEPT.
 SALEM, OREGON

25/4E-5

(1) OWNER:
 Name Plants Unlimited
 Address P.O. box 26
 City Boring State Ore Zip 97009

Well Number: _____

(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:
 Construction approval Yes No Depth of Completed Well 400 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
8	0	28	cement	0	28	15 sacks
8	28	400				

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	+1	400	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 400

PERFORATIONS/SCREENS:
 Perforations Method knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
9	350	1/4/2	1500			<input checked="" type="checkbox"/>	<input type="checkbox"/>
390	400	1/4/2	300			<input checked="" 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
350		400	1 hr.
300		350	1 hr
250		300	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: _____

(9) LOCATION OF WELL by legal description:
 County Clack Latitude _____ Longitude 122
 Township 2S N or S, Range 4E E or W, WM.
 Section 5 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) NW. corner Kelso rd. and SE. 322 Boring, ore.

(10) STATIC WATER LEVEL:
165 ft. below land surface. Date 7-22-87
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
100	110	5gpm	40
140	180	15gpm	40
200	220	30gpm	60
360	385	200gpm	165

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
top soil	0	3	
clay	3	8	
cemented gravel/larg bould	8	140	40
clay	140	145	
cemented gravel	145	185	40
clay	185	200	
cemented gravel	200	220	60
fine black cement gravel	220	250	
clay	250	275	
fine cemented gravel	275	300	165
cemented gravel	300	350	165
sand	350	385	165
sand and clay	385	390	
blue clay	390	400	

(11) 275-350 200-300gpm 165

Date started 7-11-87 Completed 7-22-87

(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 _____
 Signed Ted W Pulliam Date 7-23-87