

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

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APR 18 1994

(START CARD) # 64095

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Instructions for completing this report are on the last page of this form WATER RESOURCES DEPT.

(1) OWNER:

Well Number #2
 Name MCNULTY WATER ASSOC. C/O BOLTON ENGINEERING
 Address 14875 SW PEACHTREE DRIVE
 City TIGARD State OR Zip 97224

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 500 ft.
 Explosives used Yes No Type Amount

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14-3/4	0	265	Cem/Ge1	0		
			Drill Ge1	225		
			Cem/Ge1	225	265	20 sks.
10	265	505				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	10"	+2	265	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 _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
/							

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

Yield gal/min	Drawdown	Drill stem at	Time
180		350	1 hr.
120		250	"

Temperature of water 52°F 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:

SALEM, OREGON
 County COLUMBIA Latitude _____ Longitude _____
 Township 4N N or S Range 2W E or W. WM. _____
 Section 13 SE 1/4 NW 1/4 _____
 Tax Lot 1000-1 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 33363 STONE RD.
 WARREN, OR

(10) STATIC WATER LEVEL:

86 ft. below land surface. Date 04/04/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 280

From	To	Estimated Flow Rate	SWL
280	345	120 gpm	86
439	453	60 gpm	86

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	1	
Brown clay	1	7	
Gray clay	7	14	
Muddy gray sand	14	24	
Soft gray clay	24	42	
Sticky gray-brown clay	42	81	
Soft gray clay w/wood	81	89	
Sticky gray clay	89	106	
Sticky blue-gray clay	106	123	
Soft brown clay	123	130	
Coarse brown sand w/gravel	130	155	
Sticky red clay	155	172	
Red-brown clay w/decomp basalt	172	202	
Decomp brown basalt	202	247	
Brown basalt	247	252	
Firm gray-brown basalt	252	314	86
Soft red-brown basalt	314	319	"
Firm gray-brown basalt	319	419	86
broken from 395 to 405			
Hard gray basalt	419	439	

Date started 03/09/94 Completed 04/04/94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed _____ WWC Number 1266 Date 04/14/94

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 Special Construction approval Yes No Depth of Completed Well 500 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			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	Steel	Plastic	Welded	Threaded
Casing:					<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		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"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> 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: _____

(9) LOCATION OF WELL by legal description:
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WARREN, OR

(10) STATIC WATER LEVEL:
86 ft. below land surface. Date 04/04/94
 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
Soft brown/black basalt	439	453	86
Hard gray basalt	453	496	
Soft brown/black basalt	496	505	
WELL COMPLETED @ 500 FT.			

Date started 03/09/94 Completed 04/04/94

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 WWC Number 1266
 Signed _____ Date 04/14/94