

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

C100
 576

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145/14E/34
 52864

WATER RESOURCES DEPT

(START CARD) # 52864

(1) OWNER: Well Number 664 SALEM, OREGON
 Name MARINA TISTHAMMER
 Address 112 HILAND AVE.
 City KEZAVILLE State CA Zip 95688

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

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|-----------|------|-----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 12 | 0 | 182 | Bentonite | 0 | 182 | 15 |
| 8 | 182 | 500 | | | | |

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: 8 | 112 | 182 | 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 |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Pump Bailor Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 250 | unknown | 500 | 1 hr. |

Temperature of Water 56 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: _____

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

(9) LOCATION OF WELL by legal description:
 County CLATSOP Latitude _____ Longitude _____
 Township 14 N or S Range 14 E or W. WM. 3
 Section 34 $\frac{1}{4}$ $\frac{1}{4}$
 Tax Lot 1900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) TWIN LAKES RD.

(10) STATIC WATER LEVEL:
310 ft. below land surface. Date 6-16-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 310

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 310 | 340 | 50 | 310 |
| 440 | 500 | 200 | 310 |

(12) WELL LOG: Ground elevation _____

| Material | From | To | SWL |
|---------------------------------------|------|-----|-----|
| Sandy top soil | 0 | 1 | |
| Sand stone | 1 | 3 | |
| Broken rock | 3 | 4 | |
| Brown sand stone | 4 | 10 | |
| Gray Basalt | 10 | 31 | |
| Red Brown sand stone | 31 | 43 | |
| Gray Basalt | 43 | 91 | |
| Red sand stone | 91 | 96 | |
| Hard Gray Basalt | 96 | 151 | |
| Red sand stone | 151 | 251 | |
| Brown sand stone with cemented gravel | 251 | 269 | |
| Broken Gray Basalt | 269 | 279 | |
| Gray Basalt | 279 | 310 | |
| Broken Gray Basalt | 310 | 340 | |
| Brown sand stone | 340 | 369 | |
| Gray Basalt | 369 | 440 | |
| Broken Gray Basalt | 440 | 500 | |

Date started 6-12-93 Completed 6-17-93

(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 584
 Signed Danell M. Apple Date 6-17-93

SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91