

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

Gran
 694

RECEIVED

FEB - 1 1993

135/30E/28dc
 (START CARD) # 48666

(1) OWNER:

Name Dennis Lemons
 Address PO Box 309
 City MT. VERNON State OR Zip 97865

Well Number: WATER RESOURCES LOCATION OF WELL by legal description:
 SALEM, OREGON County Grant Latitude _____ Longitude _____

Township 13 N or S Range 30 E or W, WM.
 Section 28 SW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) LEMONS LANE

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

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
12"	0 36'	Portland Cement	0 36'	40 SACKS
8"	36' 91'			

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"	0 36'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	36' 91'	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Mill. Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
71	91	1/8"	240	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 250 Drawdown 0 Drill stem at 90' Time 1 hr.

Temperature of water 62 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 NONE
 Depth of strata: NONE

(10) STATIC WATER LEVEL:

10 ft. below land surface. Date 1-24-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 72

From	To	Estimated Flow Rate	SWL
72	100	250	10

(12) WELL LOG:

Ground elevation 3200 2846

Material	From	To	SWL
SAND and gravel SOFT BROWN	0	21	10
SAND and gravel SOFT reddish BROWN	21	28	
CONFINING clay	28	72	
CONGLOMERATE light red HARD			
SAND and gravel WATER BEARING SOFT	72	100	
Completed Well		91	

Date started 1-11-93 Completed 1-24-93

(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.

Signed John Marciel WWC Number 1606
 Date 1-24-93

(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.

Signed Larry M. Kelley WWC Number 1536
 Date _____