

RECEIVED

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

DEC 2 1986

LINN  
10932

123/7E-2 lb

(1) OWNER: Owner's Well Number: SALEM OREGON  
Name Camp Pioneer-Boy Scouts of America  
Address 4395 Liberty St. Cascade Council  
City Salem State Or. Zip 97302

(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 camp well

(5) BORE HOLE CONSTRUCTION:  
Depth of Completed Well 295 ft.  
Special Standards date of approval NA

HOLE		SEAL		Amount	
Diameter	From	Material	To	sacks	or pounds
10	0	242 cmt	0	20	6 sacks

How was seal placed? Method  A  B  C  D  E  
 Other

Backfill placed from 295 ft. to 340 ft. Material Bent chunks  
Gravel placed from NA ft. to NA ft. Size of gravel NA

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6	+1.5	242	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 242

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
160	240	1/8	720			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Pumping level Drill stem at Time 1/2 hr 1 hr  
45 193  
45 193 4

Temperature of water NA Depth Artesian Flow Found NA  
Was a water analysis done?  Yes By whom NA  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other  
Depth of strata:

WATER RESOURCES DEPT. LOCATION OF WELL by legal description:

County Linn Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 12S N or S, Range 7 E E or W, WM.  
Section 2 N 1/4 SE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Camp Pioneer  
off Hwy 22 Mile post 70 Twin Lakes Rd.

(10) STATIC WATER LEVEL:  
152 ft. below land surface. Date 10-24-86  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WELL LOG: Ground elevation 4800'

Material	From	To	WB?	SWL
Over burden loose	0	8		
Lava fract gry-brn	8	159		
Lava weathrd gry-red	159	338	H20	152
Volcanics fract	338	340	?	
Volcanics loose red	340	342		
Well would not static out at 342' bore hole was backfilled with bent chunks up to 295'				

Date started 9-16-86 Completed 10-24-86

(unbonded) Water Well Constructor Certification:  
I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
Signed \_\_\_\_\_ Date 11-24-86

(bonded) Water Well Constructor Certification:  
I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.  
Signed \_\_\_\_\_ Date 11-24-86  
Company Staco Well Services Co. Job No. \_\_\_\_\_