

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

L/NN LINN

53597
 JUL 31 1987

125/3W-27

(1) OWNER: Name Roger Ruckert Well Number: _____
 Address 33776 Rigde Dr.
 City Tangent State OR. Zip 97389

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
4"	0	18'	cement	0	18'	8 sacks
10"	18'	110'				

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
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10"	+15"	107'	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			09"		<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) 107'09"

PERFORATIONS/SCREENS:
 Perforations Method Acetylene touch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
06"	107'	3/8	80	10"		<input type="checkbox"/>	<input type="checkbox"/>
		x12"				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100gpm	32'		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: _____

WATER RESOURCES DEPT
(9) LOCATION OF WELL by legal description:
 County Linn Latitude _____ Longitude _____
 Township 12 S N or S, Range 3 W E or W, WM.
 Section 27 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same as above

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

(11) WATER BEARING ZONES:
 Depth at which water was first found 34'

From	To	Estimated Flow Rate	SWL
34'	38'		
72'	110'	100 gpm	10'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	3	
Brown clay	3	13	
Brown clay & gravel	13	22	
Brown clay	22	26	
Gray clay & gravel	26	34	
Dirty brn. sand & gravel	34	38	
Brown clay	38	41	
Blue clay	41	50	
Black sandy clay	50	58	
Firm black clay	58	63	
Blue clay	63	72	
Gray sandy clay & gravel	72	94	
Black silty clay	94	105	
Black sand	105	107	
Black silty clay	107	110	

Date started 7-10-87 Completed 7-17-87

(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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1378
 Date 7-23-87

STATE OF OREGON - FEB 07 2001
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # _____

Instructions for completing this report are on the back of this form.

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name Roger Ruchert
Address 33776 Ridge Dr
City Tangent State OR Zip 97389

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	18'	cement	0	18'	8 sacks
10"	18'	110'				

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: 10"	+15"	107'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		09"		<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) 107' 09"

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
96' 06"	107'	3/8"	80	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12"				<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
100 gpm	32'		1 hr.

Temperature of water 52 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 Linn Latitude _____ Longitude _____
Township 12 S N or S Range 3 W E or W. WM.
Section 27 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as above

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

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Depth at which water was first found 34'

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34'	38'		
72'	110'	100 gpm	10'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	3	
Brown clay	3	13	
Brown clay & gravel	13	22	
Brown clay	22	26	
Gray clay & gravel	26	34	
Dirty brown sand & gravel	34	38	
Brown clay	38	41	
Blue clay	41	50	
Black sandy clay	50	58	
Firm black clay	58	63	
Blue clay	63	72	10'
Gray sandy clay & gravel	72	94	
Black silty clay	94	105	
Black sand	105	107	
Black silty clay	107	110	

Date started 7-10-87 Completed 7-17-87

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

WWC Number 1378
Signed [Signature] Date 7-23-87