

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

NOV 06 1989
 WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 12975

45/2w/4da

MARI. 11/6

(1) OWNER: Well Number: _____
 Name Vernon Catts
 Address 20894 NE Arbor Grove Rd.
 City St. Paul State OR Zip 97137

(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 294 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	24'	Bentonite	0	24	30 sacks
8"	24	294				

How was seal placed: Method A B C D E
 Other OAR 690-210-340
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel				Welded		Threaded	
				Plastic	Welded	Threaded	Plastic	Welded	Threaded		
Casing: 8"	+1 1/2	294	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) 294'

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
275	290	3/8x2 1/2	240			<input type="checkbox"/>	<input type="checkbox"/>
						<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
300		280'	1 hr.
300		280'	6 hrs.

Temperature of water 54 degrees Depth Artesian Flow Found _____
 Was a water analysis done? No 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 Marion Latitude _____ Longitude _____
 Township 4S N or S, Range 2W E or W, WM.
 Section 14 NE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 20894 NE Arbor Grove RD. St. Paul, OR 97137

(10) STATIC WATER LEVEL:
58 ft. below land surface. Date 10/11/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 266'

From	To	Estimated Flow Rate	SWL
266	295	400	58'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay sandy brown	1	67	
Sand brown	67	86	
Clay grey	86	93	
Sand black	93	96	
Clay grey	96	125	
Clay grey, gravel	125	128	
Clay grey	128	140	
Sand, clay grey	140	149 1/2	
Clay grey sticky	149 1/2	172 1/2	
Sandy silt	172 1/2	184	
Clay grey	184	252	
Clay sandy	252	253	
Sand, clay hard	253	262	
Gravel, clay	262	266	
Gravel & sand W.B.	266	282	58'
Gravel cemented	282	286	
Gravel, sand, clay	286	289	
Gravel & sand clay	289	291	
Clay grey sticky	291	294	

Date started 9/1/89 Completed 10/11/89

(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 783
 Signed [Signature] Date 11/2/89