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8s/3W-14da
2806

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

WATER RESOURCES DEPT.

(START CARD) # 2806

(1) OWNER:

Name John D Miller
Address PO Box 12907
City Salem State OR Zip 97309

SALEM, OREGON
Well Number:

(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 295 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	78	Cement	69	78	4 Sacks
			Cement	-5	30	11 Sacks
8"	78	295				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 30 ft. to 69 ft. Material 3/4 - crushed
Gravel placed from _____ ft. to _____ ft. Size of gravel rock

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8	+1.5	78	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	-6	295	160lb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
235	295	1/8x6	99			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing
 Artesian

	Yield gal/min	Drawdown	Drill stem at	Time
Pump	10	109		1 hr.
	8	101		2 hr.
Bailer	15	186	Bailed for	2 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: _____

(9) LOCATION OF WELL by legal description:

County Marion Latitude _____ Longitude _____
Township 8-S N or S, Range 3W E or W, WM.
Section 14 NE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2537 Landau Rd SE Salem OR

(10) STATIC WATER LEVEL:

84 ft. below land surface. Date 5-19-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 56'

From	To	Estimated Flow Rate	SWL
56	59	Cased off	55

(12) WELL LOG:

Material	From	To	SWL
Soil	0	1	
Orange + brown clay	1	5	
Brown clay	5	13	
Red Clay	13	16	
Red + Gray clay	16	26	
Sticky brown clay + rock	26	35	
Weathered rock	35	59	55
Hard black basalt	59	78	
Broken rock	78	90	
Black Basalt	90	114	
Med. hard gray basalt	114	135	
Gray basalt with fractured seams	135	151	
Black basalt	151	158	
Fractured black basalt	158	161	
Black basalt	161	173	
Fractured black basalt	173	176	
Black basalt	176	185	
Hard gray basalt	185	189	
Gray basalt coarse grained	189	212	
Hard gray basalt	212	216	
Broken basalt with some green clay	216	226	
continued next page			

Date started 4 19 88 Completed 5 19 88

(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 Floyd D. Dyer WWC Number 1273
Date 5 23 88

(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 Floyd D. Dyer WWC Number 1273
Date 5 23 88

No. 2806
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WATER RESOURCES DEPT.
SALEM, OREGON

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address John D. Miller
P.O. Box 12907
Salem, OR 97309

Proposed Commencement Date 4/19/88

Proposed Well Depth 210, Diameter 8

and Use:

Domestic
 Thermal

Community
 Injection

Industrial
 Other

Irrigation

Proposed Well Location: County Marion

Township 8 (N or S) Range 3 (E or W) Section 14

At least 2 of these must be provided

1. _____ 1/4 of _____ 1/4 of above section
2. street address of 2537 Landau Rd. SE
well location _____
3. tax lot number of well location 200
4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x John D. Miller
Owner's Signature

x Floyd J. Sippel
Bonded Water Well Constructor

Owner
Title

License No. 1273

4/18/88
Date

Company Floyd Sippel Well Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.