

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

M.A.R.I.....
 14068
 MARI

9s/2w/10ab
 16904

(START CARD) #

(1) OWNER: Well Number: _____
 Name CASCADE UNION HIGH SCHOOL
 Address 10226 MARION RD. SE.
 City TURNER State ORE Zip 97392

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0'	60'	PORT. CEMENT	0'	60'	42 SACKS
8"	60'	138'				

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	Material			
					Steel	Plastic	Welded	Threaded
	8"	42'	138'	.250"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8" - 138' 12" - 60'

(7) PERFORATIONS/SCREENS:

Perforations Method MILL'S KNIFE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80'	135'	1.5"	800			<input type="checkbox"/>	<input type="checkbox"/>
		X				<input type="checkbox"/>	<input type="checkbox"/>
		.375"				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 235 Drawdown 35' Drill stem at _____ Time 1 hr.
300 46' 2 HRS.

Temperature of water 53° 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 9S N or S, Range 2W E or W, WM.
 Section 10 NW ¼ NE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 10226 MARION RD. SE.

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 11-1-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 15'

From	To	Estimated Flow Rate	SWL
15'	20'	20 GPM	9'
60'	135'	250 + GPM	9'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
BROWN CLAY + SMALL - LARGE GRAVEL	0'	13'	9'
GRAVEL W/ SOME SILT + CLAY W.B.	13'	16'	9'
CLAY + GRAVEL - TIGHTER	16'	32'	
BROWN SAND, GRAVEL W/ SOME BROWN CLAY + SILT	32'	68'	
BROWN CLAY + GRAVEL	68'	71'	
SMALL - MEDIUM GRAVEL BROWN SAND - WATER	71'	96'	9'
GRAVEL, SAND + SOME CLAY W.B. - SLIGHTLY CEMENTED	96'	105'	
GRAVEL + SAND - LOOSER	105'	133'	9'
GRAVEL, SAND + CLAY - CEMENTED	133'	138'	

Date started OCT. 12, 1989 Completed NOV. 4, 1989

(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 Michael Waldman WWC Number 633
 Date 12-8-89