

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

MARI 1435

DEC 29 1988

48/3w/24ed

WATER RESTART CARD # 7030

(1) OWNER: Well Number: _____
 Name Joseph Coleman
 Address 19471 River Rd. NE
 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 210 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16"	0 24	Bentonite	0 24	27 sacks	
12"	24 214				
0	2'	Cement footing			

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 187 ft. to 206 ft. Size of gravel pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+2	187	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) 187'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
174	191	-		8"x.250	pipe	<input type="checkbox"/>	<input type="checkbox"/>
191	206	.170		8"	pipe size	<input type="checkbox"/>	<input type="checkbox"/>
206	210			8"x.250	pipe	<input type="checkbox"/>	<input type="checkbox"/>

Bottom pipe equipped with _____
 _____ plate and lifting bail _____

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

Yield gal/min	Drawdown	Drill stem at	Time
600	66'		1 hr.
600	72'		6 hrs.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 3W E or W, WM.
 Section 24 SE $\frac{1}{4}$ SW $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 19471 River RD.
NE St. Paul, OR 97137

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 11/15/88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 70'

From	To	Estimated Flow Rate	SWL
70	92	200	32
192	208	600	10'

(12) WELL LOG: _____ Ground elevation _____

Material	From	To	SWL
Clay brown	0	42	
Clay, sand, gravel	42	45	
Gravel	45	47	
clay, sandy grey	47	67	
Clay, gravel, grey	67	70	
Gravel	70	74	
Gravel cemented	74	78	
Gravel & sand	78	92	
Clay green	92	94	
Gravel	94	95	
Clay green	95	119	
Clay blue	119	186	
Clay sandy	186	192	
Gravel, sand	192	195	
Clay grey	195	197	
Gravel & sand	197	200	
Sand	200	203	
Gravel	203	208	
Clay grey	208	214	

Date started 9/28/88 Completed 11/15/88

(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.
 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 Ivan Grossen Date 11/21/88