

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

RECEIVED
 WATER RESOURCES DEPT.
 SALEM, OREGON 97302

Man
1251

85/3w/18 ka

(START CARD) # 20572

(1) OWNER:

Name RICHARD E. MORROW
 Address P.O. Box 3306
 City Salem State Oregon Zip 97302

(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 Yes No
 Depth of Completed Well 453 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds
10"	0'	49'	Cement	0'	49'	21
6"	49'	453'				

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				Welded		Threaded	
					Steel	Plastic	Welded	Threaded	Welded	Threaded	Welded	Threaded
	6"	+1	49'	.240	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0'	453'	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				SDR 26	<input type="checkbox"/>	<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) 49 Feet

(7) PERFORATIONS/SCREENS:

Perforations Method Electric
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
370'	450'		170	1/8x	5 Inch	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
18		450 Ft	1 hr.
Air Test GPM May Fluctuate.			

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: _____

LOCATION OF WELL by legal description:

County Marion Latitude _____ Longitude _____
 Township 8 South N or S, Range 3 West E or W, WM.
 Section 18 NE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
3705 Ballantyne Road South Salem, Oregon

(10) STATIC WATER LEVEL:

155 ft. below land surface. Date 8-2-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 315 Feet

From	To	Estimated Flow Rate	SWL
315 Ft	449 Ft	18 GPM	155'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	1	
Brown Clay	1	9	
Reddish Brown Clay	9	19	
Decomposed Rock Multi-Colored	19	31	
Weathered Basalt	31	38	
Black Basalt	38	52	
Badly Weathered Basalt, With Multi-Colored Claystones	52	71	
Weathered Basalt	71	84	
Gray Basalt	84	166	
Badly Weathered Vesicular Basalt, Broken, Caving	166	191	
Gray Basalt	191	305	
Weathered Basalt, With Multi-Colored Clays & Claystones	305	332	
Black Basalt	332	376	
Weathered Basalt	376	434	
Black Basalt & Gray Claystones	434	449	
Gray Clay Soft	449	453	155'
5% Bentonite Used To Seal Well.			

Date started 7-31-90 Completed 8-5-90

(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.

MONDERS DRILLING, INC. WWC Number 1325
 Signed J.D. Monders Date 8-14-90