

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

*Aggr
14754*

RECEIVED
 OCT 3 1990

85/3W/18 ba

(START CARD) # 20580

(1) OWNER:

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

Well Number: WATER RESOURCES DEPT

(9) 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

(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 331 ft.
 Yes No KK
 Explosives used Type _____ Amount _____

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds
10"	0'	46'	Cement	0'	46'	18
6"	46'	440'				

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
	6"	+1	46'	.240	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0'	331'	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				SDR 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 46 Ft

(7) PERFORATIONS/SCREENS:

Perforations Method Electric Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
251'	331'		190	1/8 x	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"/>

Driller Recommended That _____
 Pump Be Set At 325 Ft.

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

Yield gal/min	Drawdown	Drill stem at	Time
<input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Flowing <input type="checkbox"/> Artesian			
24	55 Ft		1 hr.
23	82 Ft		2 Hrs.
23	82 Ft		4 Hrs.

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: _____

(10) STATIC WATER LEVEL:

190 ft. below land surface. Date 8-30-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 298 Ft

From	To	Estimated Flow Rate	SWL
298 Ft	438 Ft	24 GPM	190'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	1	
Brown Clay	1	7	
Multi-Colored Clays, And			
Claystones Broken	7	26	
Weathered Basalt	26	32	
Gray Basalt Firm	32	127	
Black Basalt	127	169	
Weathered Basalt, With Multi-Colored Clays & Claystones	169	188	
Black Basalt	188	274	
Gray Basalt	274	298	
Weathered Basalt, With Multi-Colored Claystones, Broken	298	329	
Black Vesicular Basalt, Broken			
And Caving Water Bering	329	342	
Weathered Broken Caving			
Basalt Water Bering	342	386	
Black Basalt WB	386	438	
Gray Clay Soft	438	440	190'
Well Caved In @ 331 Ft Before			
4" PVC Well Liner Could			
Be Installed.			

Date started 8-25-90 Completed 8-30-90

(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 8-31-90