

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

RECEIVED
 SEP 1 1986
 WATER RESOURCES DEPT.
 MARION...
 15225
 75/10W-1 db

(1) OWNER: Owner's Well Number: _____
 Name Central Howell School District 540-C
 Address 8832 Silverton Rd. NE
 City Silverton State Or. Zip 97381

(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:
 Depth of Completed Well 161 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	pounds
10	0 40	Cemt	0 40	21	sacks

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:

Diameter	From	To	Gauge	Steel				Welded		Threaded	
				Plastic	Welded	Threaded	Plastic	Welded	Threaded		
Casing: 6	+1.5	140	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Johnson Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	160	20		4"	PS	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
50		139	2

Temperature of water 56 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 T7S N or S, Range 1W E or W, WM.
 Section 1 NW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same as mailing

(10) STATIC WATER LEVEL:
77 ft. below land surface. Date 8-23-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Lawn turf & gravel	0	1		
Soil med brn	1	4		
Clay sticky brn	4	14		
Clay silty brn	14	31		
Clay med gray	31	42		
Congl small-sand brn	42	46		
Clay med gray	46	47		
Clay med brown	47	61		
Conglm med gray	61	66		
Clay med brown	66	74		
Conglm med brown	74			
gray mixtures	74	161	H2O	77

Date started 8-20-86 Completed 8-23-86

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Steve Stadel Date 8-26-86

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] Date 8-26-86
 Company Staco Well Services Co. Job No. _____