

RECEIVED

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

MAR - 3 1988

MAR 15501

95/3W-36 CC
Marion

(1) OWNER:

Name GEORGE ROHNER
Address 2616 PHEASANT AVE. SE.
City SALEM State OR. Zip _____

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
6	0 20	CEMENT	0 20	6 SACKS	
	6 18 75				

How was seal placed: Method A B C D E

Other TREMBLE

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6</u>	<u>+1</u>	<u>40</u>	<u>250</u>	<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"/>

Location of shoe(s) 40 ft

(7) PERFORATIONS/SCREENS:

Perforations Method MILLS
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>31</u>	<u>34</u>	<u>2 1/2</u>	<u>20</u>	<u>1 1/4</u>		<input checked="" 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
<u>50</u>	<u>20 ft</u>		<u>1 hr.</u>

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: _____

(9) LOCATION OF WELLS by legal description:

County _____ Latitude _____ Longitude _____
Township 9S N or S, Range 3W E or W, WM.
Section 36 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 14822 JEFFERSON - 4199E JEFFERSON OR.

(10) STATIC WATER LEVEL:

4 ft. below land surface. Date 2-11-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 12 ft

From	To	Estimated Flow Rate	SWL
<u>30</u>	<u>35</u>	<u>50</u>	<u>4</u>

(12) WELL LOG:

Material	From	To	SWL
SOIL	0	1	
CLAY (BROWN)	1	2	
CONGLOMERATE (MED)	2	19	
CLAY (BROWN)	19	30	
GRAVEL + SAND (MED)	30	35	
CLAY (GRAY)	35	58	
CLAY (BLUE)	50	56	
CLAYSTONE (BLUE)	56	75	

Date started 1-30-88 Completed 2-11-88

(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.

Signed W.A. Pankalla 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 W.A. Pankalla WWC Number 621 Date 3-1-88