

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

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WATER RESOURCES DEPT

(START CARD) # 9141

(1) OWNER: Well Number **EM. OREGON**

Name **PFENNIG FARMS**
 Address **6092 Macleay Road S.E.**
 City **Salem** State **Oregon** Zip **97301**

(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 **258** ft.
 Yes No XX

Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0'	79'	Cement	0'	79'	38
8"	79'	258'				

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	Plastic	Welded	Threaded
Casing: 8"	+1'	79'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-4'	258'	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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Electric Drill**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
223'	258'		250	1/2"	Round	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250		252 Ft	1 hr.

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 WELL by legal description:

County **Marion** Latitude _____ Longitude _____
 Township **7 South** N or S, Range **2 West** E or W, WM.
 Section **35** SW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
7505 Babcock Salem, Oregon

(10) STATIC WATER LEVEL:

105 ft. below land surface. Date **6-3-89**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **136 Feet**

From	To	Estimated Flow Rate	SWL
136 Ft	252 Ft	250 GPM	105'

(12) WELL LOG:

Material	From	To	SWL
Soil	0	2	
Brown Clay	2	14	
Large Boulder	14	21	
Weathered Rock	21	70	
Gray Basalt Firm	70	86	
Multi-Colored Weathered Rock	86	99	
Black Basalt	99	124	
Gray Basalt Firm	124	136	
Black Basalt Medium WB	136	187	
Black Broken Basalt	187	203	
Gray Basalt Very Firm	203	246	
Gray Broken Basalt WB	246	252	
Gray Basalt Firm	252	258	105'

Air Test May Fluctuate.
 5% Bentonite Used To Seal Well.

Date started **5-31-890** Completed **6-3-89**

(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 **D. Monders** Date **6-3-89**