

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

**MARI 17176**  
 FEB 27 1991

65/1W/11 ba.  
 25452

(START CARD) #

**(1) OWNER:**

Well Number: \_\_\_\_\_  
 Name John F. Coleman-Mt. Angel Abbey  
 Address 16873 French Prairie Rd.  
 City Woodburn State OR Zip 97071

**(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 506 ft.  
 Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
17	0	25	Hole plug	20	25	5
<del>XX</del>	<del>XX</del>	<del>XXX</del>	Cement	0	20	12
14	25	198				
15	198	208	Cement	198	208	10

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	Material			
				Steel	Plastic	Welded	Threaded
12"	+2	208	.250	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 208

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 600 Drawdown \_\_\_\_\_ Drill stem at 500 Time 1 hr.

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 6S N or S, Range 1W E or W, WM.  
 Section 11 NE 1/4 NW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Marquam Rd. Mt. Angel  
OR St. Benedict, OR 97373

**(10) STATIC WATER LEVEL:**

123 ft. below land surface. Date 2-11-91  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

From	To	Estimated Flow Rate	SWL
240	245	100	123
288	292	100	123
402	424	200	123
498	505	200	123

**(12) WELL LOG:**

Material	From	To	SWL
Top soil	0	1	
Clay brown med.	1	17	
Clay blue sticky	17	23	
Clay blue w/ gravels	23	40	
Conglomerate brown	40	48	
Clay brown w/ gravels	48	57	
Clay grey	57	63	
Clay brown sticky	63	96	
Clay red med.	96	114	
Conglomerate brown	114	123	
Clay brown	123	138	
Clay grey med.	138	162	
Clay brown	162	189	
Clay yellow	189	201	
Basalt black hard course grain	201	217	
Basalt grey hard course grain	217	234	
Basalt black fractured vesic.	234	236	
Basalt grey hard	236	240	
Basalt black pourous	240	245	
Basalt grey hard	245	288	
Basalt black pourous	288	292	
Basalt grey hard	292	309	
Cont. next page...			

Date started 1-29-90 Completed 2-11-91

**(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 [Signature] WWC Number 1358  
 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 [Signature] WWC Number 723  
 Date \_\_\_\_\_

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

**MARI 17176**

**MARI 17176**

(START CARD) # \_\_\_\_\_

**(1) OWNER:**

Name John F. Coleman-Mt. Angel Abbey Well Number: \_\_\_\_\_  
 Address Cont. from last page...  
 City \_\_\_\_\_ State \_\_\_\_\_ 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 \_\_\_\_\_ ft.  
 Yes No    
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL		Amount sacks or pounds
Diameter	From	To	Material	From To	
12	208	371			
8	371	506			

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:					<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"/>	<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"/>	<input type="checkbox"/>

Final location of shoets) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township \_\_\_\_\_ N or S, Range \_\_\_\_\_ E or W, WM, \_\_\_\_\_  
 Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Taftstone grey w/ wood hard	309	315	
Basalt pourous w/ taftstone interbeds	315		332
Basalt grey hard	332	352	
Basalt brown weathered	352	361	
Basalt grey hard	361	402	
Basalt brown weathered	402	409	
Basalt pourous grey	409	424	
Basalt grey hard	424	458	
Basalt grey pourous weathered brown	458		505
Basalt grey hard	505	506	

Date started 1-29-90 Completed 2-11-91

**(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 Raymond B. Stoddell WWC Number 1358  
 Date \_\_\_\_\_

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Signed [Signature] WWC Number 723  
 Date \_\_\_\_\_