

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

MAR 17 2001

TJ/zwl/27cc

(START CARD) # 23993

(1) OWNER: Well Number: _____
 Name CLARENCE GIETEMA
 Address 6845 State Street
 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 373 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
7 7/8"	194'	373'	Well Deepened	Surface Seal	Not Disturbed.	

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
					<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) _____

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 15 Drawdown _____ Drill stem at 370 Ft Time 1 hr.

Temperature of water 50° 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 27 SW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
6845 State Street Salem, Oregon

(10) STATIC WATER LEVEL:
49 ft. below land surface. Date 2-15-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 202 Feet

From	To	Estimated Flow Rate	SWL
202 Ft	352 Ft	15 GPM	49'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Black Basalt	194	202	
Black & Weathered Basalt			
Broken	202	221	
Badly Weathered Vesicular Basalt, With Multi-Colored Clays & Claystones, With Interbedded Layers Of Gray & Brown Soft Clays	221	352	
Gray Sandy Claystones	352	373	49'

RECEIVED
 MAR 18 1991
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 2-14-91 Completed 2-15-91

(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.
 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 2-20-91