

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

MARA 17256

RECEIVED

MAY 13 1991

6S/2W/13 dd

(START CARD) # 25457

(1) OWNER: Well Number: _____
 Name Harold Dunn/Randy Steffen
 Address 8392 Howell Prairie 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:
 Special Construction approval Yes No Depth of Completed Well 203 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	20	Gran. cement	0	20	87 sacks
10	20	199				

How was seal placed: Method A B C D E
 Other Poured dry
 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:	10"	+1.5	199	.250	<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"/>

Final location of sheets) 199'

(7) PERFORATIONS/SCREENS:

Perforations Method Air perforations
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
125	160	1X1/8	2100	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>
170	185	1X1/8	900	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 350 Drawdown _____ Drill stem at 170 Time 1 hr.

Temperature of water 55 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: _____

LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 6S Nor S. Range 2W E or W, WM.
 Section 13 SE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
48 ft. below land surface. Date 5-1-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 66

From	To	Estimated Flow Rate	SWL
66	80	15	25
104	122	24	54
126	130	50	48
166	175	50	48

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay tan	2	22	
Silt brown	22	30	
Silty grey clay	30	50	
Clay silty dark grey	50	66	
Sand silty brown	66	80	24
Clay silty grey	80	89	
Clay silty brown grey	89	95	
Silt sandy grey	95	97	
Silt sandy fine brown	97	101	
Sand med. w/ silt stone brown	101	104	54
Sand med. w/ course gravels	104	122	
Sand med. course w/ med. gravels-small cobbles	122	126	
Gravels large w/ small cobbles & med. sand	126	130	48
Cemented gravels med.	130	142	
Sand & gravels small med. w/ fine medium sand	142	147	
Sand & gravels w/ small med. sand lightly cemented	147	157	
Gravels med. slightly cemented	157	164	
Continued on next page...			

Date started 4-11-91 Completed 5-1-91

(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 Clint Johnson WWC Number 1507
 Date 5-8-91

(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 _____ WWC Number 723
 Date _____

STATE OF OREGON

WATER WELL REPORT
(as required by ORS 537.765)

Handwritten: RAR 72312

RECEIVED

MAY 13 1991 (START CARD) #

(1) OWNER:

Name Harold Dunn/Randy Steffen contd... Well Number: WATER RESOURCES DEPT SALEM, OREGON

Address _____

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.
Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From To		SEAL Material	From To		Amount sacks or pounds

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"/>
					<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 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"/>
						<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:

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
Contd. from previous page			
Sand w/ some gravels lightly cemented	164	166	
Sand & gravels med. lightly cemented	166	175	
Gravels large med. w/ fine med. sand	175	180	
Gravels tight lightly cemented brown	180	195	
Gravels cemented med. brown	195	203	

Date started 4-11-91 Completed 5-1-91

(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 Clint Johansen WWC Number 1507
Date 5-8-91

(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 _____ WWC Number 723
Date _____