

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

MARI
 17296

(START CARD) # 22432

SS/2w/5 ad

(1) OWNER:

Name Gary Vachter
 Address 17124 French Prairie Rd. NE
 City St. Paul State OR Zip 97137

(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 263'
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	20	Bentonite	0	20	29 sacks
12"	20	263				

How was seal placed: Method A B C D E
 Other OAR 690-210-340 Granular bentonite
 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: 12"	+1'9"	219'3"	.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 shoe(s) 219'3"

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
187'	222'	8"	60	8"	pipe size	<input type="checkbox"/>	<input type="checkbox"/>
220'	226'	8"	60	8"	pipe size	<input type="checkbox"/>	<input type="checkbox"/>
226'	253'	130		8"	pipe size	<input type="checkbox"/>	<input type="checkbox"/>
253'	263'			8"	pipe	<input type="checkbox"/>	<input type="checkbox"/>
263'					Bottom plate & lifting bail	<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
900	40'	250'	1 hr.
900	46'	250'	4 hrs.

Temperature of water 53 degrees 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 5S N or S, Range 2W E or W, WM.
 Section 5 SE 1/4 NE 1/4
 Tax Lot parcel 00100 Block _____ Subdivision _____
 Street Address of Well (or nearest address) Mahony Rd.
St. Paul, OR

(10) STATIC WATER LEVEL:

21 ft. below land surface. Date 5/10/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
80	100	200 gpm	21
221	254	1000 gpm	21

(12) WELL LOG:

Material	From	To	SWL
Clay brown	0	38	
Clay grey	38	79	
Sand black	79	100	
Sand, clay grey	100	103	
Clay sticky grey	103	105	
Clay sandy grey	105	133	
Clay sticky grey	133	141	
Clay sandy grey	141	143	
Clay grey sticky	143	189	
Clay sandy grey	189	210	
Gravel, clay	210	221	
Sand	221	229	
Sand, gravel	229	231	
Sand black	231	251	
Sand, gravel	251	254 1/2	
Clay grey	254 1/2	263	

RECEIVED

MAY 31 1991

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 2/27/91 Completed 5/10/91

(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.

WWC Number 783
 Signed Ivan Grossen Date 5/29/91