

ORIGINAL
File Original and Duplicate with the STATE ENGINEER, SALEM, OREGON

1735 M.R.S.

WATER WELL DRILLERS REPORT

RECEIVED JUN 12 1957
MARI 1735
STATE OF OREGON

Do Not State Well No. 5/W-11

Fill In State Permit No. _____

(1) OWNER:

Name C. D. Overton
Address 2675 Molalla Rd.
Woodburn Ore.

(2) LOCATION OF WELL:

County MARION Owner's number, if any—
R. F. D. or Street No.
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New well Deepening Reconditioning Abandon
abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) EQUIPMENT:

Rotary
Cable
Dug Well

(6) CASING INSTALLED:

| FROM | ft. to | ft. | Diam. | Gage or Wall | If gravel packed | | |
|------|--------|-----|-------|--------------|------------------|----------|--------|
| | | | | | Diameter of Bore | from ft. | to ft. |
| " | " | " | " | " | | | |
| " | 0 | 109 | " | 6" # | | | |
| " | " | " | " | " | | | |
| " | " | " | " | " | | | |
| " | " | " | " | " | | | |

Type and size of shoe or well ring _____
Describe joint _____
Size of gravel: _____

(7) PERFORATIONS:

| SIZE of perforations | in., length, by | | in. |
|----------------------|-----------------|-----|-------------|
| FROM | ft. to | ft. | No. of rows |
| " | " | " | " |
| " | " | " | " |
| " | " | " | " |
| " | " | " | " |
| " | " | " | " |

SCREENS:

Give Manufacturer's Name, Model No. and Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes No To what depth _____ ft.
Were any strata sealed against pollution? Yes No
If yes, note depth of strata
FROM _____ ft. to _____ ft.
METHOD OF SEALING Bentonite

(9) WATER LEVELS:

Depth at which water was first found _____ ft.
Standing level before perforating _____ ft.
Standing level after perforating _____ ft.
Log Accepted by: _____
[Signed] C. D. Overton Dated 6-10, 1957
owner

(10) WELL TESTS:

Was a pump test made? Yes No If yes, by whom? J. T. Miller
Yield: 65 gal./min. with 75 ft. draw down after _____ hrs.
" " " "
" " " "
Artesian flow _____ g.p.m.
Shut-in pressure _____ lbs. per square inch.
Ballor test _____ g.p.m. with _____ ft. drawdown
Temperature of water _____ Was a chemical analysis made? Yes No
Was electric log made of well? Yes No

(11) WELL LOG:

Diameter of well, 6 inches.
Total depth 109 ft. Depth of completed well _____ ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

| ft. to | ft. | |
|--------|-----|-----------------------------|
| 0 | 4 | surface |
| 4 | 45 | yellow clay |
| 45 | 80 | red sand and clay |
| 80 | 105 | black sand and small gravel |
| 105 | 109 | gravel |
| " | " | " |
| " | " | " |
| " | " | " |
| " | " | " |
| " | " | " |
| " | " | " |
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| " | " | " |
| " | " | " |
| " | " | " |

Ground elevation at well site _____ feet above mean sea level.
Work started 6-4 1957. Completed 6-8 1957

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME J. T. Miller
(Person, Firm, or Corporation) (Typed or printed)
Address Box 198, Aurora Ore.
Driller's well number _____
[Signed] J. T. Miller
(Well Driller)
License No. 7 Dated 6-8th, 1957

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER: SON (503) 304-1020 DANNY Phone 503 982-7241

Name: ~~BAA~~ YACOV KONOVALOFF

Mailing Address: 2675 Mollala Rd

City: Woodburn State: OR Zip: 97001

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

County: Mari 1735 Latitude: _____ Longitude: _____

Township: 5 N or S, Range: 1 E or W Section: 9 A 1/4 1/4

Tax Lot Number: 600

Street Address of Well (if different from above): SAME

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 20000727