

16

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

Mari
19481

85/2W-27ab
34994
(START CARD) #

(1) OWNER: Well Number: 2397
Name: Walt Miller
Address: P.O. Box 12395
City: Salem State: OR Zip: 97309

(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
Yes No Depth of Completed Well 425 ft.
Explosives used Type Amount

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12"	0 19	Cement	0 19	10 SACKS	
8"	0 425	BORE			

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
8"	1	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	none			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) none

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min: 200+ Drawdown: _____ Drill stem at: 425 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: 8 N of S Range: 2 E of W. W.M.
Section: 27 NW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address): Ogle Rd
Turner, OR

(10) STATIC WATER LEVEL:
_____ 21 ft. below land surface. Date: 9-18-91
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	85	50	20
240	245	150	20

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown Clay	1	12	
Brown Sandstone	12	18	
Blue Basalt	18	425	

Date started: 9-18-91 Completed: 9-18-91

(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: _____ WWC Number: _____
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: Paul D. Jones WWC Number: 574
Date: 9/18-91