

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

Marion
17490

RECEIVED
 SEP 25 1991

6S/1W/2ca

(START CARD) # 27988

(1) OWNER:
 Name Kraemer's Nursery Inc.
 Address 13523 Marquam Rd. NE
 City Mt. Angel State OR Zip 97362

(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 155 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16"	0 25'	Cement	0 25'	35 SACKS	
12"	25' 155'				

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:	12"	+1	95	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8"	+1	96	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8"	101	135	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8"	145	155	0.250	<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) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type Johnson Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
96	101	.030		8"	pipesize	<input type="checkbox"/>	<input type="checkbox"/>
135	145	.030		8"	pipesize	<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 100-125 Drawdown 70' Drill stem at _____ Time 5 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: _____

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 6S N or S, Range 1W E or W, WM.
 Section 2 NE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 13933 Marquam Rd. NE
Mt. Angel OR

(10) STATIC WATER LEVEL:
50' ft. below land surface. Date 8-20-91
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
98	100	40 GPM	
137	145	100 GPM	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	14	
Clay & silt brown	14	17	
Clay grey sticky	17	34	
Sandy clay brown & grey	34	41	
Clay grey sticky	41	59	
Siltstone brown & grey	59	66	
Clay grey & green sticky	66	69	
Siltstone brown & grey	69	71	
Clay grey sticky	71	82	
Sandy clay grey & sticky	82	98	
Sandy siltstone loose	98	100	50'
Sandstone conglomerate weathered			
with grey clay tight	100	111	
Sandstone conglomerate brown			
loose	111	114	
Brown clay sticky with streaks			
of blue & grey	114	137	
Sand & fine gravel black loose	137	145	50'
Clay grey dark	145	160	

Note: Sand filter pack from 75' to 155'

Date started 6-11-91 Completed 8-20-91

(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 Steve Villard WWC Number 1530
 Date 9-23-91

(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 [Signature] WWC Number 723
 Date 9/23/91