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Marion 7503

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

OCT 02 1991

(START CARD) # 32687

(1) OWNER:

Name Douglas Chadwick WATER RESOURCES DEPT Well Number: _____
Address 16747 Leary Rd NE City Woodburn State OR Zip 97071
City Woodburn State OR Zip 97071

(9) LOCATION OF WELL by legal description:

Latitude _____ Longitude _____
Township 5-5 Nor or S. Range 2-W E or W, WM.
Section 2 SW SW SW
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 16747 Leary Rd NE Woodburn OR 97071

(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 144 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	25	Bentonite	0	25	19 Sacks
8	25	144				

How was seal placed: Method A B C D E

Other placed in dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					Yes	No	Yes	No	Yes	No	Yes	No
Casing:	8	71	144	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 shoets) 144

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
124	131	3/8	15	120		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
50	25 ft.		1 hr.
air lift 110	35 ft.		2 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: _____

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date 9-12-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
23	52	Cased off	
94	99	Cased off	
121	133	120+	28

(12) WELL LOG:

Material	From	To	SWL
Soil & rock fill	0	1	
Top Soil	1	3	
Brown clay	3	12	
Sandy brown clay	12	18	
Green & gray clay	18	23	
Silty gray clay	23	52	
Sandy gray clay	52	61	
Sticky gray clay	61	75	
Clay with sand seams	75	94	
Sand & small gravels	94	99	28
Sticky gray clay	99	107	
Gray clay & gravel	107	110	
Green & brown silt	110	121	
Gravel & sand	121	133	28
Green clay & sand	133	144	

Date started 8-22-91 Completed 9-12-91

(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 Floyd G. Sapp WWC Number 1273 Date 9-12-91