

16

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

Mari
175M

(START CARD) #

4S/1W/34 dc
W 25166

(1) OWNER: Well Number: _____
Name *Lolita E. Carl*
Address *17564 Shank Rd NE*
City *Hubbard* State *Ore* Zip *97032*

(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 *120* ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<i>10 1/2</i>	<i>0</i>	<i>20</i>	<i>Cement</i>	<i>20 1/2</i>	<i>0</i>	<i>18 Sacks</i>
<i>6</i>	<i>20</i>	<i>120</i>				

How was seal placed: Method A B C D E
 Other *Tremmie*
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:	<i>6" ID</i>	<i>7 1/2</i>	<i>114</i>	<i>250</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<i>6" OD</i>	<i>14</i>	<i>120</i>	<i>188</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>112</i>	<i>120</i>	<i>1/8 x 6</i>	<i>44</i>	<i>5 5/8</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<i>70</i>	<i>4.9</i>	<i>100'</i>	<i>5 1/2</i> hr.

Temperature of water *53* 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 *Motion* Latitude _____ Longitude _____
Township *4S* N or S, Range *1W* E or W, WM.
Section *34* SW 1/4 SE 1/4
Tax Lot *54* Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) *Same*

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date *8-7-91*
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<i>103</i>	<i>114</i>	<i>80 GPM</i>	<i>46</i>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<i>Top 4 Brown clay</i>	<i>0</i>	<i>8</i>	
<i>Brown Silty clay</i>	<i>8</i>	<i>57</i>	
<i>Gray silty clay</i>	<i>53</i>	<i>66</i>	
<i>Blue clay</i>	<i>66</i>	<i>72</i>	
<i>Fine Black sand & clay</i>	<i>22</i>	<i>86</i>	
<i>Coarse brown sand</i>	<i>86</i>	<i>89</i>	
<i>Dark green clay</i>	<i>89</i>	<i>92</i>	
<i>Gray clay</i>	<i>92</i>	<i>103</i>	
<i>Dark sand fine</i>	<i>103</i>	<i>110</i>	
<i>Sand & gravel</i>	<i>110</i>	<i>114</i>	<i>46</i>
<i>Clay & gravel</i>	<i>114</i>	<i>118</i>	
<i>Blue clay</i>	<i>118</i>	<i>120</i>	

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OCT 14 1991

**WATER RESOURCES DEPT
SALEM, OREGON**

Date started *8-1-91* Completed *8-7-91*

(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 *4429*
Signed *John W Beck* Date *8-7-91*