

16

5s/2w/20aa

STATE OF OREGON
WATER WELL REPORT *Mari 17627* 00 1991
 (as required by ORS 537.765)

(START CARD) # 22692

(1) OWNER: Well Number: _____
 Name Edward F. Ferschweiler
 Address 6070 State Hwy 214
 City Gervais State OR Zip 97026

(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 158 1/2 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	20	Bentonite	0	20	46 sacks
16"	20	159 1/2				

How was seal placed: Method A B C D E
 Other OAR 690-210-340
 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	Material			
					Steel	Plastic	Welded	Threaded
Casing:	16"	+2'	131 1/2'	.375	<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 shoets) 131 1/2'

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

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Liner	
123 1/2'	131 1/2'			14"	pipe	<input type="checkbox"/>	<input type="checkbox"/>	
131 1/2'	151 1/2'	220		14"		<input type="checkbox"/>	<input type="checkbox"/>	
151 1/2'	158 1/2'			14"	pipe	<input type="checkbox"/>	<input type="checkbox"/>	
158 1/2'	Lifting bail & bottom plate							<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1000	58'		1 hr.
1000	63'		3 hrs.
1000	65'		5 1/2 hrs.

Temperature of water 53 degrees 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 5S N or S. Range 2W E or W. WM.
 Section 20 NE 1/4 NE 1/4
 Tax Lot 44252-000 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 13914 French Prairie Rd. Gervais, OR 97026

(10) STATIC WATER LEVEL:
 _____ 32 ft. below land surface. Date 11/29/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 97'

From	To	Estimated Flow Rate	SWL
97	110	400 gpm	32
112	119	350 gpm	32
126	145	1200 gpm	32'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay brown	0	38	
Clay grey	38	89	
Clay sandy grey	89	92	
Clay grey	92	96	
Clay sandy	96	97	
Sand black	97	107	32'
Sand & gravel	107	109	
Gravel	109	110	
Clay	110	112	
Gravel & sand	112	115	32'
Gravel	115	119	32'
Clay sandy	119	126	
Gravel	126	145	32'
Gravel & sand	145	153	32'
Clay grey	153	159 1/2	

Date started 10/2/91 Completed 11/29/91

(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 783
 Signed Dean Brown Date 12/26/91