

16

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65/2w/25d

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

MARI 17768

APR - 9 1992

(START CARD) # 37305

(1) OWNER: Well Number Name BOB GABRIEL Address 8474 HAZELGREEN RD. City SILVERTON State OR Zip 97381

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [X] Cable [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 220 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Rows include CEMENT, W/5% BENT, and CEMENT PLUG.

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other

Backfill placed from 240 ft. to 220 ft. Material SAND & GRAVEL. Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s) 220.5'

(7) PERFORATIONS/SCREENS: [X] Perforations Method MILLS KNIFE 3/8 x 3 [] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Rows for perforations at 112-155, 165-172, and 178-209.

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Rows for tests at 675, 1000, 1200, and 600 gpm.

Temperature of Water 48 Depth Artesian Flow Found 7hr

Was a water analysis done? [] Yes [] No By whom [] 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 2W E or W. WM. Section 25 1/4 SE 1/4 Tax Lot 2932-3803 Block Subdivision Street Address of Well (or nearest address) 6922 HOWELL PRAIRIE RD., SILVERTON, OR

(10) STATIC WATER LEVEL: 48 ft. below land surface. Date 3-6-92 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 56

Table with columns: From, To, Estimated Flow Rate, SWL. Rows for zones at 56, 76, and 224 ft.

(12) WELL LOG: Ground elevation

Table with columns: Material, From, To, SWL. Rows listing soil and rock layers from TOPSOIL to CLAY GREY STICKY.

Date started 2-17-92 Completed 3-7-92

(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 [Signature] WWC Number 1487 Date 3-17-92

(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 688 Date 4-3-92

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WATER WELL REPORT
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Name BOB GABRIEL
Address 8474 HAZELGREEN RD.
City SILVERTON State OR Zip 97381

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

HOLE Diameter	From	To	Material	SEAL		Amount sacks or pounds
				From	To	

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<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"/>
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 shoe(s) _____

(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"/>
						<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	Drawdown	Drill stem at	Time
			1 hr.

Temperature of Water _____ 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 2W E or W. WM.
Section 25 1/4 SE 1/4
Tax Lot 2932-3892 Block _____ Subdivision _____
Street Address of Well (or nearest address) 6922 HOWELL
PRAIRIE RD., SILVERTON, OR

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
CLAY BLUE STICKY	218	220	
CLAY GREEN SOFT	220	224	
SAND FINE GREY W/CLAY STREAKS & WOOD	224	240	

Date started _____ Completed _____

(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: [Signature] WWC Number 1487
Date _____

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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 688
Date 4-3-92