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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 30561

(1) OWNER: Well Number: 2985
Name AUBURN GOLF CENTER
Address 5220 Center St. N.E.
City Salem, Oregon 97301 State Zip

(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 100' ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Dry Bentonite	0	19	500 pounds
6	0	100				

How was seal placed: Method A B C D E
 Other As Per 690-210-340
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:	6"	+1	100	.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 sheets: 100'

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100+		99	1 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 Marion Latitude _____ Longitude _____
Township 7S N or S. Range 2W E or W. WM.
Section 29 NW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5220 Center Street

(10) STATIC WATER LEVEL:
34 ~~XXXX~~ ft. below land surface. Date 3/24/92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 38

From	To	Estimated Flow Rate	SWL
38	100	200+	34

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	25	
Gray Clay	25	38	
Cemented Black Sand and Gravel	38	49	
Sticky Brown Clay	49	60	
Cemented Brown Sand and Gravel	60	94	
Brown Sand and Gravel	94	100	

Date started 3/24/92 Completed 3/24/92

(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 Mark O'Brien WWC Number 753 Date 3/29/92

(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 Mark O'Brien WWC Number 753 Date 3/29/92