

16

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

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G-13377

JUN 24 1992

65/1w/23aa
(START CARD) # 41583

(1) OWNER: Well Number _____
Name Dennis Ammon Farms
Address 14336 Downs Rd NE
City Mt. Angel State Oregon Zip 97362

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 6 S. Nor S. Range 1 W. E or W. WM.
Section 23 N.E. 1/4 N.E. 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	20	Cement	0	20	23 sacks
12"	20	245	Cement	165	178	20

How was seal placed: Method A B C D E
 Other grouted from inside out 165-178
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: 12"	+1	178		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10"	165	245		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
165	245	3/16	x3	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1000 Drawdown 125' Drill stem at _____ Time 1 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:
94 ft. below land surface. Date 6-2-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
60	92	100 gpm	
170	185	700	94'
216	227	300	94'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
topsoil	0	1	
clay brown silty	1	8	
gravel course to cobble	8	15	
cobbles	15	32	
blue-gray clay with	32	38	
gravel & cobbles	38	47	
gravel & cobbles silty	47	60	
course gravel loose	60	92	
gravel with blue to gray	92	138	
clay			
sandstone gravel congl	138	170	
broken basalt weathered	185	190	
basalt weathered	185	190	
fractured			
basalt weathered	190	216	
basalt weathered fract	216	227	
basalt weathered	227	245	

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NOV 24 1992
WATER RESOURCES DEPT
SALEM, OREGON
Date started 5-18-92 Completed 6-2-92
(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 _____ WWC Number 723
Date 6-17-92

(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 _____ WWC Number 723
Date 6-17-92