

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

MARI
 17930

JUL - 1 1992

8s/3w/56a
 43621

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER: Well Number 2
 Name Cotton Wood Lakes
 Address 3225 River Rd S
 City Salem State OR Zip 97305

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

HOLE Diameter	From		To	Material	SEAL From		To	Amount sacks or pounds
12"	0	19	19	Concrete	0	19	19	14 sacks
8"	19	165	165					

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: 8"	0	19	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 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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50		145	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: _____

(9) LOCATION OF WELL by legal description:
 County Morrow Latitude _____ Longitude _____
 Township 8S N or S. Range 3W E or W. WM. _____
 Section 5 N.E. 1/4. N.W. 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3225 River Rd S
Salem OR 97305

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

(11) WATER BEARING ZONES:

Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	165		18

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil Brown	0	6	
Clay Brown	6	10	
Sand Stone Gray	10	46	
Shale Gray	46	110	
Sand Stone Gray	110	165	18

Date started 6-8-92 Completed 6-10-92

(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 _____ Date _____ WWC Number _____

(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 Don McLean WWC Number 1563
 Date 6-27-92