

WATER WELL REPORT

(as required by ORS 537.765) WATER RESOURCES DEPT.

AUG 17 1992

MAR 1 18044

65/1E/26cc

(START CARD) # 35344

(1) OWNER: SALEM, OREGON
 Name Richard Schmitz
 Address 8278 S Monte Cristo
 City Woodburn State OR Zip 97071

(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 220 ft.
 Yes No
 Explosives used Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6"	0	38.5	cement	38.5		15 sacks

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6"	+1.5	38.5	.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 shoes: _____

(7) PERFORATIONS/SCREENS:
 Perforations Method skill saw
 Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	220	3/8x8	180	4 1/2		<input type="checkbox"/>	<input checked="" 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 _____ 215' 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 Marion Latitude _____ Longitude _____
 Township 6S Nor S. Range 1E E or W, WM.
 Section 26 SW 1/4 SW 1/4
 Tax Lot 90930 Lot 160 Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 58.5 ft. below land surface. Date 8/10/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
134	137	7.5GPM	58.5
175	205	95 GPM	58.5

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
top soil	0	2	
clay yellow	2	6	
clay blue	6	22	
sandstone blue	22	96	
sandstone with blue clay	96	116	
claystone gray	116	122	
sandstone gray	122	134	
claystone brown	134	137	WB
claystone gray	137	157	
sandstone gray	157	175	
sandstone grayish black	175	186	WB
sandstone gray	186	194	WB
claystone gray	194	205	WB
sandstone grayish black	205	215	
claystone gray	215	220	

Date started 8/7/92 Completed 8/10/92

(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 Clint Johansen WWC Number 1507 Date 8-10-92

(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 8-14-92