

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

MAR 18 128

55/2w/36db

(START CARD) # 42796

(1) OWNER: Well Number _____
 Name Valentine Miller
 Address 8626 Wabash Dr. NE
 City Brooks 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 233 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
16"	0	20	Bentonite	0	20	69 sacks
12"	20	233				

How was seal placed: Method A B C D E
 Other OAR 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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 12"	+2'	199'	.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) 199'

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
190	10"	pipe belled out to		12"		<input type="checkbox"/>	<input type="checkbox"/>
190	200			10" pipe		<input type="checkbox"/>	<input type="checkbox"/>
200	225	.125		10" pipe size		<input type="checkbox"/>	<input type="checkbox"/>
225	233			10" pipe		<input type="checkbox"/>	<input type="checkbox"/>
233				Bottom plate & lift bail		<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
1020	41'10"	168'	1 hr.

Temperature of Water 54 degrees 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 5S N or S. Range 2W E or W. WM. _____
 Section 36 NW SE _____
 Tax Lot 00300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 8626 Wabash Dr. NE
Brooks, OR

(10) STATIC WATER LEVEL:
67 ft. below land surface. Date 8/28/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 89'

From	To	Estimated Flow Rate	SWL
89'	122'	300 gpm	25'
159'	169'	150 gpm	77'
200	225	1000 gpm	67'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay brown	2	31	
Clay sandy brown	31	38	
Clay brown	38	54	
Clay gray	54	84	
Sandy clay grey	84	89	
Sand brown & gravel	89	122	25'
Clay grey	122	159	
Sand black & silt	159	169	77'
Clay grey	169	191	
Gravel & clay grey	191	200	
Gravel & sand black	200	225	67'
Clay grey	225	233	

Date started 7/24/92 Completed 9/4/92

(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 Kermit Martin WWC Number 1391
 Date 9/29/92

(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 Joan Brown WWC Number 783
 Date 9/29/92