

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

MAR 21
 18740

RECEIVED

OCT 28 1993

5s/1w/21dc
 (START CARD) # 58112

(1) OWNER:

Name Woodburn Nursery
 Address 11796 Monitor-McKee NE
 City Woodburn State OR Zip 97071

Well Number: _____ **WATER RESOURCES DEPT.**
LOCATION OF WELL by legal description:
 SALEM, OREGON Marion

County _____ Latitude _____ Longitude _____
 Township 5 S N or S. Range 1 W E or W. WM.
 Section 21 SW 1/4 SE 1/4
 Tax Lot 43653 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as mailing

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	20	cement grout	0	20	23
10	20	171	---	---	---	---

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	Steel	Plastic	Welded	Threaded
Casing:	10	+1	170	.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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	150	320	3	3/8" x 2 1/2"		<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 90 Drawdown 8' 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:

28 ft. below land surface. Date 10/26/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 67

From	To	Estimated Flow Rate	SWL
67	88	20 GPM	28
105	150	250 GPM	28

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown silty clay	2	27	
Gray silty clay	27	67	
Gravel slightly cemented lt brn	67	88	
Clay with some gravel	88	94	
Gray green clay with some gravel	94	107	
Cemented gravel with few gravel seams	107	170	28
Blue clay	170	171	

Date started 10/12/93 Completed 10/26/93

(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 Ronald V Johnson WWC Number 1310
 Date 10/26/93

(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 John P. Stolt WWC Number 1485
 Date 10-26-93