

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

MARI
18964

Hs/W/26ac
 (START CARD) # 47990

(1) OWNER: Well Number _____
 Name James Budreau
 Address 13802 Scholl Rd NE
 City Hubbard State OR Zip 97032

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	30	Cement	0	3	21 + bent.
10	30	222				

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	41	300	.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) 200 ft

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
103	109	3/8x2 1/2	96			<input checked="" type="checkbox"/>	<input type="checkbox"/>
149	159	3/8x2 1/2	160			<input checked="" type="checkbox"/>	<input type="checkbox"/>
183	189	3/8x2 1/2	96			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
75	0		1 hr.

Pump Bailer Air Flowing Artesian

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 4-S N or S, Range 1-W E or W, WM.
 Section 26 SW 1/4 NE 1/4
 Tax Lot 00800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 19291 Fobert Rd. NE, Hubbard OR 97032

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 4-5-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 76

From	To	Estimated Flow Rate	SWL
76	77	Cased off	44
98	109	100 +	44
149	168	100 +	44
168	189	50 +	44

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	3	
Brown clay	3	19	
Brown Sandy clay	19	27	
Dry Packed Sand	27	30	
Brown Sandy clay	30	37	
Brown Silty Sand	37	63	
Brown Sandy clay	63	74	
Course brown Sand + clay	74	76	
Loose water Sand	76	77	44
Blue Sandy clay	77	85	
Gray Sandy clay	85	94	
Sand + gravel (wood)	94	98	
Gravel water	98	106	44
Blue sandy clay	106	109	
Tight clay + gravel	109	128	
Tight Sand + gravel	128	149	44
Gray Sandy clay	149	159	44
Blue green Sandy clay	159	168	44
Gray clay w/ coarse Sand	168	183	44
Sticky blue clay	183	189	44

Date started 3-16-94 Completed 4-5-94

(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 William Smith WWC Number 175
 Date _____

(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 Floyd Sepp WWC Number 1273
 Date 4-7-94