

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

Mari
19093

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66921

JUL 18 1994

(START CARD) #

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____ WATER
Name David Obersinner
Address 7886 North Howell Rd. NE.
City Silverton State OR Zip _____

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 135 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | | SEAL | | | |
|----------|------|-----|----------|------|----|-----------------|-------|
| Diameter | From | To | Material | From | To | Sacks or pounds | |
| 14 | 0 | 28 | Cement | 0 | 28 | 39+ | bent. |
| 10 | 28 | 135 | | | | | |

How was seal placed: Method A B C D E
 Other

Backfill placed from 135 ft. to 152 ft. Material 3/4 crushed
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-------------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 10 in + 1 | 100 | 250 | .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) 100 ft.

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Tele/pipe size | Casing | Liner |
|-------|-----|-----------|--------|-----------|-----------------|----------------|--------------------------|--------------------------|
| 96'8" | 101 | | | 8" pipe | Stainless Steel | | <input type="checkbox"/> | <input type="checkbox"/> |
| 101 | 106 | 100 | | 8" screen | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 106 | 117 | | | 8" pipe | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 117 | 127 | 40 | | 8" screen | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 127 | 135 | | | 8" pipe | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Flowing Artesian |
|---------------|----------|---------------|------------------|
| 80 | 2 | | |

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 Marión Latitude _____ Longitude _____
Township 5-S N or S Range 1-W E or W. WM. _____
Section 29 SE 1/4 58 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11469 Monitor
McKee Rd Woodburn

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date 7-6-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 24

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 24 | 25 | Cased off | 19 |
| 64 | 67 | Cased off | 35 |
| 70 | 74 | Cased off | 35 |
| 101 | 106 | 100+ | 27 |
| 116 | 127 | 100+ | 27 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------------|------|-----|-----|
| Soil | 0 | 3 | |
| Sandy brown clay | 3 | 12 | |
| Brown Silty clay | 12 | 24 | |
| Fine Sand | 24 | 25 | 19 |
| Brown Clay + silt | 25 | 39 | |
| Tight Sand + gravel | 39 | 53 | |
| Clay brown + large gravel | 53 | 64 | |
| Water Sand | 64 | 67 | 35 |
| Cemented Gravel | 67 | 70 | |
| Sand + Gravel | 70 | 74 | 35 |
| Cemented Gravel | 74 | 87 | |
| Gray Silty Sand | 87 | 96 | |
| Gray sandy clay + gravel | 96 | 101 | |
| Loose Sand + gravel | 101 | 106 | 27 |
| Tightly Silty Fine Sand | 106 | 116 | |
| Loose Sand + Small gravel | 116 | 127 | 27 |
| Blue Clay | 127 | 134 | |
| Green Clay | 134 | 140 | |
| Blue Sticky clay | 140 | 152 | |

Date started 6-9-94 Completed 7-5-94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed W. C. 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Floyd Sepp WWC Number 1273 Date 7-7-94