

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

RECEIVED

SEP 16 1994

45/1w/29ab

WATER RESOURCES DEPT. (START CARD) # 53823

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

(1) OWNER: Well Number _____

Name Rose Pirelli
Address 19181 Pirelli Lane NE
City Hubbard State OR Zip 97032

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	40	bentonite	0	40	39 sacks
8"	40	143				

How was seal placed: Method A B C D E
 Other OAR 690-340-210

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: 8"	+18"	126 1/2'	.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) 126'6"

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
122 1/2'	124 1/2'				Packer	<input type="checkbox"/>	<input type="checkbox"/>
124 1/2'	140'	100		5"	screen	<input type="checkbox"/>	<input type="checkbox"/>
140'	143'			5"	pipe	<input type="checkbox"/>	<input type="checkbox"/>
143'					Bottom plate & lift bail	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
165		140'	4hrs

Temperature of water 55 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 4S N or S Range 1W E or W. WM. _____
Section 29 NW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 19181 Pirelli LN. NE
Hubbard, OR 97032

(10) STATIC WATER LEVEL:

65 ft. below land surface. Date 8/26/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 100'

From	To	Estimated Flow Rate	SWL
100	108	50 gpm	63
125	141	250 gpm	63

(12) WELL LOG:

Material	From	To	SWL
Top soil	0	4	
clay, brown	4	13	
Clay, silty brown	13	25	
Clay brown	25	45	
Clay grey	45	85	
Clay brown	85	90	
Sand & clay	90	100	
Sand & gravel	100	108	63
Sand & clay grey	108	125	
Sand & gravel	125	141	63
Clay grey	141	143	

Date started 8/8/94 Completed 8/26/94

(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 John Reiser WWC Number 784
Date 9-14-1994

(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 David Drossen WWC Number 783
Date 9/13/94