

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

MAR 19 1994

OCT 21 1994

WATER RESOURCES DEPT.

Page 1 of 3 SALEM, OREGON (START CARD) #

65258

5s/1w/3ocb
pg. 1

(1) OWNER: Well Number _____
 Name Jim Butsch (4-B Farms)
 Address 15234 Butsch Lane NE
 City Mt. Angel State OR Zip 97362

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other
 DEC 16 1994

(4) PROPOSED USE: SALEM, OREGON
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 601 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
18"	0	30	Bent	0	50	100 sacks
16"	30	370	Cement	355	370	15 sacks
12"	370	601				

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

Backfill placed from 355 ft. to 50 ft. Material drill mud
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+1	370	375	<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) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
600	N/A	600	1 hr.

Temperature of Water 58 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom driller

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 5 S N or S. Range 1 W E or W. WM. _____
 Section 36 NW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
122.5 ft. below land surface. Date 10-18-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 421

From	To	Estimated Flow Rate	SWL
421	437	30 GPM	122.5
461	476	100 GPM	122.5
556	576	100 GPM	122.5
588	599	400 GPM	122.5

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	3	
Clay brown	3	6	
Silty clay brown	6	17	
Gravel cemented	17	55	
Clay blue sticky	55	81	
Sandy clay	81	100	
Sand course clay	100	108	
Clay sticky	108	116	
Clay gray med	116	131	
Clay gray sticky	131	134	
Clay gray med	134	143	
Clay sticky	143	145	
Hard pan	145	148	
Clay gray med	148	160	
Clay sticky	160	172	
Sand	172	175	
Clay med to sticky	175	200	
Clay gray/blue silty w/sand	200	226	
Clay gray sticky	226	233	
Clay red/brown very sticky	233	261	
Clay blue sticky	261	266	

Cont. pg 2
 Date started 10-3-94 Completed 10-18-94

(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 [Signature] WWC Number 1523
 Date 10-19-94

(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 [Signature] WWC Number 1358
 Date 10-19-94

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

MAR 1 19762
 Page 2 of 3

RECEIVED
 OCT 21 1994
 WATER RESOURCES DEPT.
 SALEM, OREGON (START CARD) # 65258

55/1w/36cb
pg. 2

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 Address 15234 Butsch Lane NE
 City Mt. Angel State OR Zip 97362

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(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Other
DEC 16 1994

(4) PROPOSED USE: WATER RESOURCES DEPT.
 Domestic Community Industrial Irrigation **SALEM, OREGON**
 Thermal Injection Other

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

HOLE Diameter	From		To	SEAL Material	From		To	Amount sacks or pounds
	From	To			From	To		

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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

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 Screens Type _____ Material _____

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay orange/brown med	266	280	
Clay lt brown soft	280	335	
Clay brown sticky	335	341	
Clay brown & gray weathered	341	356	
Basalt black med hard	356	389	
Basalt gray /green w/gray clay	389	396	
Basalt gray med	396	421	
Basalt green to gray weathered	421		
vesicular w/gray/brown claystone		437	WB
Basalt green/gray med soft	437	443	
Basalt gray med course gray	443	461	
Basalt gray/green sm frac w/brn	461	476	WB
Basalt gray med hard	476	491	
Basalt gray frac w/blue claystn	491	496	
Basalt gray med	496	513	
Basalt brn/grn frac w/brn clay	513	528	
Basalt gray med hard	528	531	
Basalt gray w/grn frac	531	533	
Basalt gray hard	533	556	
Basalt gray/grn w/red frac ves	556	576	WB
Basalt gray med	576	588	
Basalt gray slt frac hard	588	590	WB

Date started _____ Cont. page 3 Completed _____
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 Date 10-19-94

