

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

MAR 19 2 75

OCT 31 1994

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 65256

65/1w/2/ca

(1) OWNER: Well Number _____
 Name Bob Ditchen
 Address 9712 Nison Road NE
 City Silverton State OR Zip 97381

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	29	Bent	0	29	29 sacks
12	29	161				

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 12	+1.5	160	.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) 160

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	103	1/2 X 1 1/2	2250			<input checked="" type="checkbox"/>	<input type="checkbox"/>
112	135	1/2 X 1 1/2	2250			<input checked="" 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
300	N/A	150	1 hr.
500	25	135	4.5 hr.

Temperature of Water 56.9° 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 6 S N or S. Range 1 W E or W. WM. _____
 Section 21 NE 1/4 SW 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) old Mt. Angel Hwy.

(10) STATIC WATER LEVEL:
54.3 ft. below land surface. Date 10-19-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 78'

From	To	Estimated Flow Rate	SWL
78'	105'	100 GPM	54.3
111	116	100	54.3
122	135	50	54.3
144	150	50	54.3

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Top soil	1	3	
Clay brown	3	35	
Clay grey	35	43	
Cobbles, large w/clay grey	43	50	
Clay grey w/some gravels	50	73	
Gravels w/some clay, green	73	78	
Gravels loose med	78	105	54.3
Gravels w/some clay green	105	111	
Gravels semi loose large	111	116	WB
Gravels w/some clay grey	116	122	
Gravels med large loose	122	135	WB
Clay w/some gravels green	135	139	
Gravels w/clay green	139	144	
Sand packed med/fine	144	150	WB
Clay grey	150	161	

Date started 10-10-94 Completed 10-19-94

(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 Clint Johansen WWC Number 1507
 Date 10-25-94

(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 Dan B. Stadel WWC Number 1358
 Date 10-25-94