

7s/2w/16ba

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APR 17 1995

(START CARD) # 65312

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

MARI 19643

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

(1) OWNER: Well Number \_\_\_\_\_ Name Clarence Simmons Farms Address 4998 Blue Grass Lane NE City Silverton State OR Zip 97381

(2) TYPE OF WORK: [X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 156 ft. Explosives used [ ] Yes [X] No Type \_\_\_\_\_ Amount \_\_\_\_\_

Table with columns: HOLE (Diameter, From, To), SEAL (Material, From, To), Sacks or pounds. Row 1: 12, 0, 22, cement, 0, 22, 33. Row 2: 8, 22, 156, -, -, -, -

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E [ ] Other Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 8", +1, 156, 250, [X], [ ], [X], [ ]. Liner: [ ], [ ], [ ], [ ], [ ], [ ], [ ], [ ]

Final location of shoe(s) 156

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 118, 139, 1000, 1000, 1/2 x 1, [X], [ ]

(8) WELL TESTS: Minimum testing time is 1 hour. [ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian. Yield gal/min 450, Drawdown 10 NA, Drill stem at 141, Time 1 hr.

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 Oregon Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Township 7 S N or S Range 2W E or W. WM. Section 16 NE 1/4 NW 1/4 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Street Address of Well (or nearest address) Lardon Rd.

(10) STATIC WATER LEVEL: 12.5 ft. below land surface. Date 4-10-95 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 30, 48, 5, [ ]. Row 2: 46, 108, 50, [ ]. Row 3: 108, 156, 200, 12 1/2 ft.

(12) WELL LOG: Ground Elevation \_\_\_\_\_

Table with columns: Material, From, To, SWL. Rows: Top soil - brown (0-5), Clay, silty, brown (5-30), Clay, gray silty water (30-48), Gravel, coarse w/silty sand black (48-55), Gravel, coarse, sandy black (55-67), sandy, light gravel lots of water (67-87), Gravel, heavy sand, water (87-92), Gravel heavy, lots of water (92-108), Gravel, clean, heavy, lots lots of water (108-140), Medium Gravel, some Fine heavy sand (140-156)

Date started 4/5/95 Completed 4/11/95

(unbonded) Well 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 [Signature] WWC Number \_\_\_\_\_ Date 4/13/95

(bonded) Well 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 [Signature] WWC Number 1358 Date 4-13-95