

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

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55/1W-28aa

(1) **OWNER:**
 Name Woodburn Ornamentals
 Address 11796 Monitor-McKee Road
 City Woodburn State OR Zip 97071

Well Number: _____
(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 5S N or S, Range 1W E or W, WM.
 Section 28 NE ¼ NE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) vandercouvering farm

(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 _____

BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 300 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 22	Bentonite	0 22	16 sacks	
	22 300				

How was seal placed: Method A B C D E
 Other poured dry #8 Bentonite
 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:	10"	+1	105	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8"	115	185	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8"	205	245	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8"	255	275	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	8"	285	300	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

location of shoe(s) cut off @ 302'

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type COOK Material SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
185	205	14			P	<input type="checkbox"/>	<input type="checkbox"/>
245	255	14			P	<input type="checkbox"/>	<input type="checkbox"/>
270	285	14			P	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60	120		1 hr.
100		290	4

Temperature of water NA 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 NA
 Depth of strata: _____

(10) **STATIC WATER LEVEL:**
44 ft. below land surface. Date 9-24-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
34	39	30-40	
46	75	10	
83	103	25	
see screen setting			

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Top soil	0	1	
Clay brn med	1	18	
Clay blue med	18	28	
Clay blue sticky	28	34	
Sand brn fine w/gravel	34	39	
Clay brn	39	46	
Gravel brn w/clay sandy	46	75	
Clay brn	75	80	
Clay grey	80	83	
Gravel with grey clay	83	90	
Sand and gravel	90	103	
Sand grey med coarse	103	106	
Sand/gravel brn fine	106	110	
Sand/gravel clean	110	116	
Clay grey	116	145	
Claystone soft grey	145	148	
Clay soft and sandy	148	154	
Claystone brn	154	165	
Clay brn	165	175	
Clay grey very sticky	175	188	
Sand fine	188	193	wb
Sand med	193	205	wb
Clay grey sandy	205	213	

Date started 8-9-87 Completed 9-24-87

(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 _____ 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 723 Date 10-19-87

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

OCT 23 1987

(1) OWNER: Name Woodburn ORNAMENTALS Address 11796 Monitor-McKee Road City Woodburn State OR Zip 97071

Well Number: WATER RESOURCES DEPT. SALEM, OREGON

(9) LOCATION OF WELL by legal description: County Marion Township 5S Section 28 Block NE 1/4 NE 1/4 Street Address of Well (or nearest address) Vandercouvering farm

(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

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

Table with columns: HOLE Meter, From, To, SEAL Material, From, To, Amount sacks or pounds

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

location of shoe(s)

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

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Temperature of water 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:

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

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Table with columns: Material, From, To, SWL

Date started Completed

(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 Byron B. [Signature] WWC Number 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 well construction standards. This report is true to the best of my knowledge and belief. Signed [Signature] WWC Number Date