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8s/2w/12dd

STATE OF OREGON  
WATER WELL REPORT  
(as required by ORS 537.764)

Pg 1 of 2 APR 25 1990 (START CARD) # 16982

(1) OWNER: Well Number: #2  
Name Frank Lumber Co.  
Address Drawer 79  
City Mill City State OR Zip 97360

(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 450 ft.  
Explosives used   Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	69	cement	0	69	100 sacks
12"	69	450				

How was seal placed: Method  A  B  C  D  E  
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:	16"	+2	69	.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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem at Time  
700 450 4 hrs.

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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Marion Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 8S N or S, Range 2W E or W, WM.  
Section 12-13 SE 1/4 SE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) N/A

(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
37	62	12	34
192	205	150	
255	257	240	
355	373	100	

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

Material	From	To	SWL
Soil	0	1	
Clay brown	1	12	
Clay w/ cobbles	12	17	
Clay red	17	21	
Clay yellow	21	36	
Decomposed caprock brown	36	62	34
Basalt grey hard	62	88	
Basalt grey w/ frac.	88	96	
Basalt black med.	96	103	
Basalt wthrd. & frac.	103	115	
Basalt grey med. hard	115	131	
Basalt wthred. red & brown	131	140	
Basalt grey w/ frac.	140	192	
Basalt grey frac.	192	205	
Basalt hard grey	205	243	
Basalt wthrd. & visic	243	251	
Basalt grey hard	251	255	
Basalt grey frac.	255	257	
Basalt grey hard	257	305	
Basalt frac.	305	323	
Basalt grey hard	323	345	
Basalt grey-blk seams frac.	345	355	

CONTINUED  
Date started 4-16-90 Completed 4-21-90

(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 \_\_\_\_\_ WWC Number 723  
Date 4-23-90

(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 \_\_\_\_\_ WWC Number 723  
Date 4-23-90

