

MARI 230

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

WATER RESOURCES DEPT.

(START CARD) # 2118

(1) OWNER:

Name COLUMBIA HELICOPTER
Address 14452 ARNDT RD
City AURORA State OR Zip 97002

Well Number: _____

(9) LOCATION OF WELL by legal description:

County MARION Latitude _____ Longitude _____
Township 4S N or S, Range 1W E or W, WM.
Section 2 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	1	20	GRANULAR BENTONITE			29
8	20	152				

How was seal placed: Method A B C D E

Other GRANULAR BENTONITE METHOD

Backfill placed from 152 ft. to 148 ft. Material ROCK

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	8	0	147	0.250	<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) 147

(7) PERFORATIONS/SCREENS:

Perforations Method DRIVE DOWN STAR
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	148	3/16x1/4	SPR			<input checked="" 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
60	< 20'		1 hr. 3

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:

82 ft. below land surface. Date OCT 19, 1988
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
34	54		425
71	92		370
93	109		330
129	152		82

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
SAND & GRAVEL FILL	1	4	
CLAY SILTY BROWN	4	34	
SILT BROWN	34	45	
SAND BROWN	45	54	
CLAY GREY SILTY	54	71	
SAND BLACK FINE	71	92	
CLAY LT GREY	92	93	
SAND FINE BLACK	93	97	
CLAY GREY	97	101	
SAND BLACK FINE	101	109	
CLAY LT GREY	109	124	
SAND FINE BLACK	124	129	
SAND & GRAVEL BLACK	129	148	
CLAY GREY SILTY	148	150	
SAND VERY FINE DK GREEN	150	152	

Date started 12 OCT Completed 19 OCT 88

(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.

WWC Number _____

Signed _____ 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.

WWC Number 243

Signed Richard Beck Date OCT 19, 1988