

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

JUN 21 1988

RECEIVED 300 MAR 11 1988

6S/1W/2bd Pg 1
 Start card #2759

WATER RESOURCES DEPARTMENT
 SALEM, OREGON

(1) **OWNER:**
 Name Kraemer's Nursery
 Address 13523 Marquam Rd. NE
 City Mt. Angel State OR Zip 97362

(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
 Geothermal Injection Other

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 665 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | SEAL | | Amount | |
|----------|---------|----------|---------|-----------------|---|
| Diameter | From To | Material | From To | sacks or pounds | |
| 15" | 0 304 | cement | 0 20 | 55 sacks | |
| 10 | 304 665 | NATURAL | 270 304 | 15 " | " |

How was seal placed: Method A B C D E
 Other Drill mud from 35' to 270'
 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 | 304 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method NA
 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"/> |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill sm at | Time |
|---------------|----------|-------------|-------|
| 600 | | 665 | 1 hr. |
| 400 | | 300 | |

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 6S N or S, Range 1W E or W, WM.
 Section 3 SE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same as mailing

(10) **STATIC WATER LEVEL:**
 _____ 85 ft. below land surface. Date 6-20-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 370

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 370 | 380 | 50 | |
| 440 | 455 | 50 | |
| 625 | 630 | 250 | |
| 640 | 665 | 200 | |

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

| Material | From | To | SWL |
|---------------------------|------|-----|-----|
| Top soil | 0 | 1 | |
| Clay brown sticky | 1 | 25 | |
| Clay grey w/ sm. gravels | 25 | 39 | |
| Clay brown | 39 | 42 | |
| Clay grey | 42 | 55 | |
| Sand blk fine w/ sm grav | 55 | 60 | |
| Clay grey sticky | 60 | 81 | |
| Clay brown med | 81 | 115 | |
| Clay grey fine-wood strks | 115 | 147 | |
| Claystone grey | 147 | 205 | |
| Claystone brn grey soft | 205 | 214 | |
| Claystone grey hard | 214 | 218 | |
| Clay red med | 218 | 257 | |
| Claystone cong. soft | 257 | 294 | |
| Basalt weathered | 294 | 297 | |
| Basalt black hard | 297 | 314 | |
| Basalt grey | 314 | 370 | |
| Basalt vesicular blk | 370 | 380 | WB |
| Basalt grey | 380 | 395 | |
| Sandstone w/ wood streaks | 395 | 405 | |
| Basalt blk | 405 | 440 | |
| Basalt vesicular | 440 | 455 | WB |
| Cont. on next page | | | |

Date started 6-9-88 Completed 6-18-88

(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.

Signed Jon McLaughlin 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 6-20-88

