

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

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MARI...
STATE OF OREGON

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

RECEIVED
NOV 22 1972

State Well No. 65/1W-4

STATE ENGINEER

SALEM OREGON

State Permit No. 6.6157

(1) OWNER:

Name Art Schwab
Address Rt1 Box184, Mt A ngel, Oreg.

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

8" Diam. from 0 ft. to 80 ft. Gage .250
6" Diam. from 80 ft. to 185 ft. Gage .250

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used Mills Knife
Size of perforations 3/62 in. by 2 in. 180
perforations from 110 ft. to 180 ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Type _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
420 " 19 " 4 "
" " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Cement
Well sealed from land surface to 80 ft.
Diameter of well bore to bottom of seal 2" to 18" 10" to 80'
Diameter of well bore below seal 8" to 180' 6" to 220'
Number of sacks of cement used in well seal 16 sacks
Number of sacks of bentonite used in well seal _____ sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons of water _____ lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Marion Driller's well number _____
Bearing and distance from section or subdivision corner
1650' S. & 1600' W. of S.E. Cor sec 4, T. 6, S. R. 1, W.

(11) WATER LEVEL: Completed well.

Depth at which water was first found 122 ft.
Static level 85 ft. below land surface. Date 10/5/72
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 6"
Depth drilled 229 ft. Depth of completed well 213 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top soil brn.	0	1	
Clay brn.	1	10	
M. weathered basalt brn.	10	20	
H. Basalt grey	20	45	
H. basalt broken grey & brn seams	45	70	
H. basalt grey	70	84	
H. basalt grey broken	84	185	
H. basalt grey	185	208	
M. weathered basalt brn. W.B.	208	213	
H. basalt broken brn. seams, W.B.	213	220	

Work started 8/24/72 19 Completed 10/5/72 19
Date well drilling machine moved off of well 10/5/72 19

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Don Kaufman Date 11/3/72, 19____
(Drilling Machine Operator)

Drilling Machine Operator's License No. 322

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name R. Stadel & Sons Inc.
(Person, firm or corporation) (Type or print)

Address Silverton, Oreg.

[Signed] Paul R. Stadel
(Water Well Contractor)

Contractor's License No. 296 Date 11/3/72, 19____