

RECEIVED

3/20
MARI...O

65/1W-11aa

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

JUN 10 1987

(1) OWNER: Well Number RESOLVED
Name Woodburn Nursery SALEM, OREGON
Address 11796 Monitor McKee Rd. NE
City Woodburn State Or. Zip 97071

(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:
Final Construction approval Yes No
Explosives used Yes No
Type _____ Amount _____
Depth of Completed Well 355 ft.

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
14	0 218	Cement	110 218	95 sacks	
14	0 110	Cmt&bent	0 110	34 sacks	

How was seal placed: Method A B C D E
 Other
Backfill placed from NA 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	+2	218	1/2"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NA

PERFORATIONS/SCREENS:
 Perforations Method NA
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NA						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 1200 + Drawdown _____ Drill stem at 355 Time 1 hr.

Temperature of water NA Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom NA
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: NA

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township T6S Nor S, Range R 1 W E or W, WM.
Section 11 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1 mile east of Mt. Angel on Marquam Rd. south side of rd.

(10) STATIC WATER LEVEL:
135 ft. below land surface. Date 6-5-87
Artesian pressure NA lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 180-190 sandy

From	To	Estimated Flow Rate	SWL
180	190	20-25	34
265	272	60	135
285	342	800	135
342	350	500	135

(12) WELL LOG: Ground elevation NA

Material	From	To	SWL
Soil med brn soft	0	3	
Clay sandy brn	3	10	
Clay med brn	10	16	
Clay sticky blue	16	27	
Conglm med gry	27	32	
Clay med brn	32	58	
Clay med gry	58	65	
Clay sandy gry	65	110	
Clay med brn	110	181	
Sand fine brn	181	190	
Clay sandy gry	190	201	
Basalt cap decomp	201	205	
Basalt hard blk-gry	205	265	
Basalt visic blk-gry-brn	265	272	
Basalt weathrd brn	272	280	
Clay stone hard blue-gry	280	285	
Basalt hard fract	285	342	
Basalt visic	342	355	

Date started 6-1-87 Completed 6-5-87

(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 6-6-87

(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 6-6-87