

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

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625/1W-15bc

WATER RESOURCES DEPT.
 SALEM, OREGON

(1) OWNER:

Name Oak Lane Farms
 Address 8167 Oak Lane
 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
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Depth of Completed Well 160 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16	0 20	Bent	0 20	14	

How was seal placed? Method A B C D E
 Other _____

Backfill placed from 160 ft. to 250 ft. Material Native fill
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	+1	160	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"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Air perf.
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	150	3/16	1800	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
300-400		160-140	1 hr

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 Range 1W E or W, WM.
 Section 15 NW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same as mailing

(10) STATIC WATER LEVEL:

57 ft. below land surface. Date 7-3-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Material	From	To	WB?	SWL
Soil med brown	0	1		
Clay med brn	1	13		
Conglom tigt brn	13	43		
Clay some gravel tigt	43	59		
Sand, gravel silty	59	70		
Clay blue sticky	70	74		
Conglom large gry	74	96		
Clay med brown	96	99		
Conglm large gry	99	120		
Gravel loose large	120	151	H2O	57
Clay sticky blue	151	164		
Decomp sandstn brn	164	181		
Clay sticky gry	181	250		

Date started 6-25-86 Completed 7-3-86

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Chuck Stadel Date 7-8-86

Company Staco Well Services Co. Job No. _____