

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

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APR 25 1990

MAR 032 75/100/4cd
 (START CARD) # 17180

(1) OWNER:

Name Harry Klopfenstein Well Number: _____
 Address 11733 Selah Springs Rd.
 City Silverton State OR Zip 97381

(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 420 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
14"	0	70	neat cement	0	70	40 sacks
8"	70	420				

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

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 10"	+18	70	.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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 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 stem at	Time
400		410	1 hr.

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 7S N or S, Range 1W E or W, WM.
 Section 4 SE 1/4 SW 1/4
 Tax Lot 49675-000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as mailing

(10) STATIC WATER LEVEL:

134 ft. below land surface. Date 4-21-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
51	54	2 gpm	38
202	209	50	134
274	322	300	134
354	394	50	134

(12) WELL LOG:

Ground elevation 700' approx.

Material	From	To	SWL
Top soil	0	2	
Clay soft brown	2	12	
Clay soft yellow	12	27	
Clay soft grey	23	44	
Caprock soft highly wthrd	44	51	
Broken rock brown	51	54	38
Basalt med. grey	54	94	
Frac. basalt grey w/ green sediments	94	96	
Basalt grey med.	96	112	
Claystone green	112	113	
Basalt med. grey	113	145	
Basalt frac. grey & black	145	148	
Basalt med. hard grey	148	202	
Basalt visic. grey	202	209	134
Basalt hard grey	209	228	
Basalt wthred grey	228	240	
Basalt hard grey	240	251	
Basalt slightly wthred grey	251	274	
Basalt highly frac. highly wthrd diced & broken	274	322	134
Basalt wthrd. grey hard	322	354	

CONTINUED

Date started _____ Completed _____

(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 1487
 Signed [Signature] Date 4-24-90

(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 123
 Signed [Signature] Date 4-24-90

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 Address _____
 City _____ State _____ Zip _____

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other _____
 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:					<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"/>
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"/>

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 Screens Type _____ Material _____

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						<input type="checkbox"/>	<input type="checkbox"/>
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 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: _____ Latitude: _____ Longitude: _____
 Township _____ Nor S, Range _____ E or W, WM. _____
 Section _____ ¼ _____ ¼ _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER-BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
CONTINUATION			
Basalt wthrd. visic. soft	354	394	134
Basalt wthred less visic. than above-med. grey	394		416
Basalt wthrd soft grey brown	416	420	
Borehole unstable from 274'-322' May require liner in the future			

Date started _____ Completed _____

(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 *Daniel A. Smith* WWC Number 1487
 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 _____