

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

34 OF
MIRI...

JUN 14 1989

WATER RESOURCES DEPT.
SALEM, OREGON

65/1W/27 ac
 SC # *10677*

(1) OWNER: Well Number: _____
 Name St. Paul's Cemetery
 Address 1410 Pine St.
 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
 Yes No Depth of Completed Well 198 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
10	0 20	Bentonite	0 20	14 sacks
6	20 198			

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: 6	+2	198.250		<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) 198'

(7) PERFORATIONS/SCREENS:
 Perforations Method Air perf
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
77	81		160	1/8x1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
135	147		440	" "		<input checked="" type="checkbox"/>	<input type="checkbox"/>
163	165		80	" "		<input checked="" type="checkbox"/>	<input type="checkbox"/>
175	180		200	" "		<input checked="" 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
60		185	1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By when _____
 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 27 SW $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same as mailing

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 6-5-89
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
77	180	60	51

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brwon sticky	1	17	
Clay blue sticky	17	21	
Gravel sandy grey	21	40	
Cong. grey	40	78	
Sand and gravel	78	81	51
Gravel grey dry with clay	81	98	
Clay grey sticky	98	118	
Clay grey sandy with wood	118	129	
Gravel	129	131	
Clay grey sticky	131	134	
Gravel	134	147	
clay grey	147	149	
Gravel dry	149	164	
Gravel	164	165	51
Clay grey	165	176	
Gravel	176	180	51
Gravel with clay	180	195	
Clay brown	195	197	

Date started 6-2-89 Completed 6-5-89

(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 Dyron R. Stadel WWC Number 1358
 Date 6-7-89

(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 6-7-89