

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

RECEIVED

353365 / 1W / 33 ad
 MAR 1989

(1) OWNER:

Name J & L Nursing
 Address 6551 Scism Rd NE
 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
 Normal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	84	Concrete	0	24	20
				78	84	5

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:

Casing	Diameter	From	To	Gauge	Steel				Welded		Threaded
					Steel	Plastic	Welded	Threaded	Welded	Threaded	
	8	1	84	200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
						<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 _____
650 _____ 243 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 Morrow Latitude _____ Longitude _____
 Township 45 N or S, Range 1W E or W, WM.
 Section 33 S.E. 1/4 N.E. 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 12353 Silverton Rd NE
Silverton Oregon

(10) STATIC WATER LEVEL:

49 ft. below land surface. Date June 13, 1988
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 88

From	To	Estimated Flow Rate	SWL
Gradual increase from	88-245	6 P.M.	49

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	2	
Clay	2	25	
Large Gravel & Clay	25	42	
Clay, Small Gravel Mix	42	74	
Dark Hard Black	74	120	
Dark Honeycomb	120	126	
Claystone Grey Hard	126	130	
Dark Honeycomb	130	148	
Dark	148	160	
Dark Honeycomb	160	174	
Claystone Tan	174	177	
Dark Honeycomb	177	200	
Dark Very Hard	200	245	49

Date started June 9, 1988 Completed June 13, 1988

(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 _____
 Signed _____ 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.

WWC Number 25
 Signed William J. Long Date June 13, 1988