

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

RECEIVED

SEP - 9 1987

MAR 36 98

65/2W-1ac
 Deep

(1) OWNER:

Name Steve Schmidt Well Number WATER RESOURCES DEPT.
 Address 8032 Howell Dr SALEM OREGON
 City Salem 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 _____ ft.
 Explosives used Type _____ Amount 332

HOLE		SEAL		Amount sacks or pounds
Water	From To	Material	From To	
	10 207 337			
	6 337 350			

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

Backfill placed from 337 ft. to 332 ft. Material Bent. & cement
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10	0	337	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 Rotary wheel
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
251	298		1890			<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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
400		300	41 hr.

Temperature of water NA Depth Artesian Flow Found NA
 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 NA
 Depth of strata: NA

(9) LOCATION OF WELL by legal description:

County Marion Latitude _____ Longitude _____
 Township 65 Nor S, Range 2W E or W, WM.
 Section 651 SW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) NA
1/2 mile West of School

(10) STATIC WATER LEVEL:

44 ft. below land surface. Date 6-16-87
 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
Conglm grey medium	207	209	
Conglm grey w/clay	209	210	
Sand grey med. fine	210	211	
Clay grey sticky	211	234	
Sandy clay some gravel	234	243	
Conglm grey cemented	243	245	
Sand fine grey	245	246	
Conglm/sand grey med fine	246	251	
Conglm grey tightly cemented w/clay	251	298	
Clay grey-blue	298	308	
Clay grey sandy	308	316	
Conglm cemented	316	325	
Clay grey sandy	325	329	
Clay tan soft	329	332	
Clay grey sticky	332	337	
Clay grey sandy	337	343	
Sand grey fine	343	350	

Date started 5-23-87 Completed 6-16-87

(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 Steve Stadel WWC Number 859
 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 223
 Date 9-4-87