

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

RECEIVED
 NOV 23 1987
 WATER RESOURCES DEPT.
 SALEM, OREGON

6/2W-15cd

(1) **OWNER:**
 Name GREG BENNETT
 Address 8630 67th Ave. N.E. #
 City Brooks, Oregon State 97305 Zip

Well Number: 2740

(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 162 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
	14	0	Bentonite	0	21	1400#

How was seal placed: Method A B C D E
 Other as per 690-210-340
 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	
				From	To	From	To	From	To	From	To
Casing: 8	14	162	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Location of shoe(s) 162

(7) **PERFORATIONS/SCREENS:**

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
115	162	3/8X2	596			<input checked="" 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 _____
500+ _____ 162 1 hr.

Temperature of water _____ Dep't Artesian Flow Found _____
 Was a water analysis done? Yes By who _____
 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 2W E or W, WM.
 Section 15 SE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 8630 67th Brooks

(10) **STATIC WATER LEVEL:**
 _____ 21 ft. below land surface. Date 11/20/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 48

From	To	Estimated Flow Rate	SWL
48	162	over 500gpm	21

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Silty Clay	2	24	
Gray Silty Clay	24	48	
Brown Gravelly Clay	48	59	
Gray Sandy Clay	59	76	
Brown Sand and Gravel	76	90	
Black Sandy Gravel	90	100	
Black Sand and Gravel, Clay	100	104	
Black Sandy Gravel	104	109	
Black Sand and Gravel	109	123	
Black Sand and Gravel, some clay	123	134	
Black Sand and Gravel	134	162	

Date started 11/13/87 Completed 11/20/87

(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 Mark D. Beer WWC Number 811
 Date 11/23/87

(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 Mark D. Beer WWC Number 753
 Date 11/23/87