

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

MARI MAY 25 1990
 045 WATER RESOURCES DEPT.
 SALEM OREGON

Page 1/OF 2
 85/1w/27dd
 18811

(START CARD) #

(1) OWNER: Well Number: 113-90
 Name Guy & Dixie Barth
 Address 200 N.W. 4th Ct.
 City Sublimity State OR Zip 97385

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	40	cement grt	0	40	16 sacks
10"	157	168	cement grt	157	168	6 sacks
8"	40	173				
6"	173	348				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 340 ft. to 348 ft. Material broken basalt
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	173	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 4 1/2"	-90	267		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 173'

(7) PERFORATIONS/SCREENS:

Perforations Method skillsaw
 Screens Type simpson Material SDR 26 PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90	267	1/8"	240	6"		<input type="checkbox"/>	<input checked="" 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 80 Drawdown 79' Drill stem at 340 Time 1 hr.

Temperature of water 51° 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 8 N of S/Range 1 E of W, W.M.
 Section 27 SE 1/4 SE 1/4
 Tax Lot 56209 Lot 969 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 13017 Triumph Rd SE
Sublimity, OR 97385

(10) STATIC WATER LEVEL:
112 ft. below land surface. Date 5/2/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 100'

From	To	Estimated Flow Rate	SWL
180	205	30	98
230	242	30	105
320	325	20	112
332	348	50	112

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
clay, red orange	1	3	
clay brown and medium	3	30	
claystone & boulders	30	35	
clay brown	35	46	
basalt with clay brown	46	52	
sandstone brown	52	60	
clay brown with basalt layers	60	70	
sandstone gray	70	78	
clay brown with basalt broken	78	82	
sandstone brown clayey	82	92	
sandstone green & brown clayey	92	97	
sandstone gray	97	105	68'
basalt green & brown	105	117	
basalt vesicular	117	120	
basalt with clay brown sticky	125	131	
claystone multi colored	131	140	
basalt soft with clay brown	140	148	
basalt med-hard with some claystone gr	148	157	
claystone brown	157	168	
basalt med some fractured	168	180	
basalt brown & gray	180	210	98
basalt gray hard with seams	210	230	

Date started 4/26/90 Completed 5/2/90

(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. **MACK DRILLING COMPANY**
 WWC Number 1394
 Signed Luzene R. Mack Date 5/20/90

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WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 18811

(1) OWNER: Name Guy & Dixie Barth Well Number 113-90 Address 200 N.W. 4th Ct. City Sublimity State OR Zip 97385

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [X] 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

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds

How was seal placed: Method [] A [] B [] C [] D [] E Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem at Time

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 8 N of S Range 1 E of W WM Section 27 SE 1/4 SE 1/4 Tax Lot 56209 Lot 969 Block Subdivision Street Address of Well (or nearest address) 13017 Triumph Rd SE Sublimity, OR 97385

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

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Table with columns: Material, From, To, SWL

Date started Completed

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