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OCT 22 1996

Well I.D.# L02409

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

*MAAI
51059*

WATER RESOURCES DEPT.

(START CARD) # 78619

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
 Name Valentine Miller
 Address 8626 Wabash Dr., NE
 City Brooks State OR Zip 97305

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 190 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	42	3/4 hole plug bentonite	0	42	31 sacks
12"	42	190				

How was seal placed: Method A B C D E
 Other OAR 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
Casing:	12"	+2	162	.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) 162'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
155'	156'		1	10"	10"	<input type="checkbox"/>	<input type="checkbox"/>
156'	162'		1	10"	10"	<input type="checkbox"/>	<input type="checkbox"/>
162'	164'	.035		10"	10"	<input type="checkbox"/>	<input type="checkbox"/>
164'	166'	.060		10"	10"	<input type="checkbox"/>	<input type="checkbox"/>
166'	182'	.135		10"	10"	<input type="checkbox"/>	<input type="checkbox"/>
182'	190'			10"	10"	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

	Yield gal/min	Drawdown	Drill stem at	Flowing Time
<input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian	700		189	1 hr.

Temperature of water 54 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: _____

SALEM, OREGON
 (9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 6S N or S Range 2W E or W. WM. _____
 Section 1 SW 1/4 NW 1/4 _____
 Tax Lot 00300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 8626 Wabash Dr., NE
Brooks, OR

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date 9/19/96
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
162	182	700gpm	46

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	8	
Clay sandy, brown	8	28	
Clay brown	28	45	
Clay gray	45	77	
Clay sandy gray	77	88	
Sand, silt	88	94	
Clay sandy gray	94	98	
Sand, silt, gravel	98	118	
Clay sandy gray, hard	118	131	
Sand, silt	131	140	
Clay sandy gray	140	144	
Gravel, clay	144	155	
Sand, silt	155	162	
Sand black, gravel	162	182	46'
Clay gray	182	190	

Date started 8/8/96 Completed 9/19/96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Kenneth Martin WWC Number 1391
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Luan Grossen WWC Number 783
 Date _____