

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

51207 DEC 12 1996
WATER RESOURCES DEPT.
SALEM, OREGON

DEC 12 1996

(START CARD) # 92826

to 1017

(1) OWNER: Well Number # 1
Name John Dark
Address 113 se deviation st
City sublimity State ore 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 223 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10	0 42	cement	152 167	4 sak	
8	42 167				
6	167 223	bentonite	0 42		

How was seal placed: Method A B C D E
 Other filled to top with dry bentonite.

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: 6	+1	167	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	5	223	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:
 Perforations Method saw cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
163	223	1/8	55	6" long		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60 GPM		223	1 hr.

Temperature of Water 57° 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) ABANDON OF WELL by legal description:
County marion Latitude _____ Longitude _____
Township 8 S N or S. Range 1 W E or W. WM.
Section 28 se 1/4 sw 1/4
Tax Lot 001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11838 vicki ln
aumsville ore 97325

(10) STATIC WATER LEVEL:
112 ft. below land surface. Date 10/16/96
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
100	223	60gpm	

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
soil	0	1	
brown clayclaystone	1	15	
brown clay w/ gravel	15	18	
tan brown clay	18	38	
gray claystone sandy	38	42	
gray claystone hard layer	42	93	
lite gray siltstone	93	123	
gray claystone	123	152	
rock broken basalt	152	159	
rock hard basalt	159	162	
rock gray/black	162	181	
rock black basalt	181	194	
rock black peat broken	194	205	
rock black/gray	205		
		223	

Date started _____ Completed _____

(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 _____ WWC Number 1585
Date 11/16/96

(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 1585
Date 11-16-96