

MARI  
51339

JAN 23 1997

L04879

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

WATER RESOURCES DEPT.  
SALEM, OREGON

(START CARD) # 89230

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

(1) OWNER: Well Number \_\_\_\_\_  
Name John Beyer  
Address 12080 Hook Rd NE  
City Mt. Angel State OR Zip 97362

(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 188 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	20	Bentchips	0	20	14 bags
10	20	188				

How was seal placed: Method  A  B  C  D  E  
 Other pooured  
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:	10	+1.5	188	.25	<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) 188

(7) PERFORATIONS/SCREENS:

Perforations Method Star Perforator  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	180	1/4x1	2400	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800		120	1 hr.

Temperature of water 52 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 6S N or S Range 1W E or W. WM.  
Section 16 NW 1/4 NE 1/4  
Tax Lot 00500 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Same as Mailing

(10) STATIC WATER LEVEL:  
33.5 ft. below land surface. Date 1/17/97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
90	96	100 GPM	
110	180	800 GPM	

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	2	
Silty Clay brown	2	25	
Clay sticky green	25	48	
Gravels conglomerate gray	48	68	
Gravel & clay brown	68	74	
Gravel & clay gray	74	86	
Sand med & fine black	86	90	
Sand med peagravels grn	90	96	WB
Gravels silt green	96	110	
Gravels & sand coarse	110		
blk streaks of cementation		180	WB
Clay gray sticky	180	188	

Date started 1/15/97 Completed 1/17/97

(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 [Signature] WWC Number 1672  
Date 1/21/97

(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 [Signature] WWC Number 1358  
Date 1-21-97