

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

WELL I.D.# NA

(START CARD) # 19100

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

(1) OWNER: Well Number 2862
Name Bill Ped
Address 427 27th NE
City Salem State OR Zip 97301

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Cement	0	19	10 sacks
6	0	180				

How was seal placed: Method A B C D E
 Other _____

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	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	0	180	160	PSI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 20

(7) PERFORATIONS/SCREENS:

Perforations Method Skilsaw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	130	1/8"	60			<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	180	1/8"	60			<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
40		180	1 hr.

Temperature of water 53° 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 7S N or S Range 2W E or W. WM. _____
Section 25 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 210 Howell Prairie Road SE

(10) STATIC WATER LEVEL:
94 ft. below land surface. Date 3/20/90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 112

From	To	Estimated Flow Rate	SWL
112	128	12	94
160	180	28	94

RECEIVED

(12) WELL LOG:
Ground Elevation JUN - 3 1997

Material	From	To	SWL
Topsoil	0	2	
Brown clay	2	6	
Boulder	6	9	
Brown clay	9	12	
Hard black basalt	12	112	
Fractured brown broken rock	112	128	
Black basalt	128	160	
Fractured black basalt	160	180	

Date started 3/19/90 Completed 3/21/90

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Mark D. Pea WWC Number 753 Date 3/21/90

(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.
WILLAMETTE DRILLING CO. h WWC Number 753
Signed Mark D. Pea Date 3/21/90