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MARK 51877

WELL I.D.# L10559

STATE OF OREGON WATER SUPPLY WELL RECORDS DEPT.

(as required by ORS 537.765)

SALEM WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 95650

Page 1 of 2

(1) OWNER: George Vachter, Well Number, Name, Address, City, State, Zip

(2) TYPE OF WORK: New Well, Deepening, Alteration, 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, Explosives used, Depth of Completed Well

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Rows for Cement at 16, 12, and 10 inch diameters.

How was seal placed: Method A, B, C, D, E. Backfill placed from, Gravel placed from

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

(7) PERFORATIONS/SCREENS: Method, Material, Final location of shoe(s)

Table for (7) PERFORATIONS/SCREENS 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?, Did any strata contain water not suitable for intended use?

(9) LOCATION OF WELL by legal description: County, Township, Section, Tax Lot, Block, Subdivision, Street Address

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

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

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

(12) WELL LOG: Ground Elevation

Table for (12) WELL LOG with columns: Material, From, To, SWL. Lists various soil and rock layers.

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 water supply well construction standards.

Signed, WWC Number, 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.

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above.

Signed, WWC Number, Date

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SEP 24 1997 WELL I.D.# 110559

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

51877 JUN 11 1997

WATER RESOURCES DEPT.
WATER RESOURCES DEPT.
SALMON, OREGON

(START CARD) # 95650

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

(1) OWNER: Well Number _____

Name George Vachter
Address 1012 N. Nisom Rd NE
City Silverton State OR Zip 97381

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	

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:					<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:					<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) _____

(7) PERFORATIONS/SCREENS:

From	To	size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<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

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

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 10S N or S Range 1W E or W. WM.
Section 20 NW 1/4 SW 1/4
Tax Lot 00700 of _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same of mailing

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt gray hard	538	559	
Basalt soft med	559	561	
Basalt gray porous	561	585	
Basalt gray very hrd	585	617	
Basalt brd gray's blk	617	627	
Hrd gray	627	638	
Claystone green	638	646	
Basalt gray hrd some	646		
frac.		900	

Note: Packer was placed between 10 & 12" casing at 555' as per conversation w/ Rob Carter

Date started 2/28/97 Completed 5/28/97

(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 1358
Date 6-9-97

(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 _____