

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

MAR 1
 52091

(START CARD) # 34265

(1) OWNER: Robert Ornamenta Well Number: _____
 Name: Robert Ornamenta Bob Fessler
 Address: 1796 Monitor McKee Rd NE
 City: Woodburn State: OR Zip: 97071

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Wiemacht
 Other Well # 21

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 138.5 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
14"	0' 28'	neat cement	0' 28'	60 sacks	
14"		granular bent	0' 12'	13 sacks	

How was seal placed: Method A B C D E
 Other bentonite was poured dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	10"	1.5	138.5	5	<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 obducer _____

(7) PERFORATIONS/SCREENS:
 Perforations Method mills knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
114	130	1/2 x 3				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
 50 8 _____ 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
 Saky Muddy Odor Colored Other _____
 Depth of strata: 72' - 83.5'

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 5S Nor S. Range 1W E or W. WM.
 Section 28 NE W NE W
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
41 ft. below land surface. Date 9/20/9
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 72'

From	To	Estimated Flow Rate	SWI
72'	83.5		32
106.5	135'		41

(12) WELL LOG: Ground elevation _____

Material	From	To	SWI
top soil	0	3	
clay brown	3	44	
clay blue	44	56	
silty clay grey	56	72	
sand and gravels lg/sm	72	83.5	32
clay tan	83.5	92.5	
clay grey	92.5	96	
sandy silt brown	96	106.5	
sand & gravels w/clay brown	106.5	115	41
sand & gravels grey, tight	115	120	41
sand & gravels w/ clay grey	120	135	41
sand black	135	137	41
clay gray green	137	138.5	

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SEP - 8-1993

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9/11/91 Completed 9/20/91

(unbonded) Water Well Constructor Certification:
 I certify that the work 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: Clint Johnson WWC Number 1507
 Date 11/7/91

(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: _____ WWC Number 72
 Date 11/7/91