

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765) WATER RESOURCES DEPT.
SALEM, OREGON

MAY - 6 1998

Marion
52993

ID Tag L 22900

(START CARD) # 104117

(1) OWNER: Well Number: 22900
 Name Leonard Wanner
 Address Crosby road
 City Woodburn State OR Zip 97071

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	20	3/8 chips	10	20	9
			cement	0	10	7
8"	20	123				

How was seal placed: Method A B C D E
 Other chips poured
 Backfill placed from 118 ft. to 123 ft. Material 3/4 pea gravel
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	3'+	117'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing:				<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"/>

Final location of shoe(s) 8" 117'

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

From	To	Slot size	Number	Diameter	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 250 Drawdown n/a Drill stem at 97' Time 1 hr.

Temperature of water 55 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 5S N or S, Range 2W E or W, WM.
 Section 2 NW 1/4 NW 1/4
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 7588 Crosby RD
Woodburn OR 97071

(10) STATIC WATER LEVEL:
28' ft. below land surface. Date 4-30-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 103

From	To	Estimated Flow Rate	SWL
103	106	6gpm	
116	124	250	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	10	
clay brown sticky	10	30	
clay grey soft	30	66	
silty clay grey soft	66	70	
sand fine black	70	85	
sand black fine med gravel	85	100	
sand med dark black black	100	103	
gravel med	103	106	
	106	110	
sands & gravel clay soft	110		
grey		112	
clay grey firm sticky	112	114	
clay brown firm sticky	114	116	
packed sand gravel med	116	124	

Date started 4-27-98 Completed 4-30-98

(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 [Signature] WWC Number 1709
 Date 5-4-98

(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 1358
 Date 5-5-98