

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

5539
 MARI.....9

RECEIVED

JUL 17 1989

SC 9962

6/21/89/6 cd

(1) OWNER:
 Name Goschie Farms, Inc. Well Number: _____
 Address 7365 Meridian Rd. N.E.
 City Silverton State OR Zip 97381

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
20"	0 18	Bent. gran	0 18	38 sacks	
16"	18 40	Bent. gran	0 35	17 sacks	
12 1/2"	40 344	Cement	309 347	25 sacks	
10"	344 508	Cement			

How was seal placed: Method A B C D E
 Other poured dry, cement pumped through tremie
 Backfill placed from _____ ft. to _____ ft. Material _____ pipe
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0	36	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	+1	317	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	304	344	.250	<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) 317' 12" 36' 16"

(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"/>
						<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 600 Drawdown _____ Drill stem at 500 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 6S N or S, Range 1E E or W, WM.
 Section 6 SE 1/4 SW 1/4
 Tax Lot 63393-000 Lot 89 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1/2 mile E. of Meridian Rd. On Marquam St.

(10) STATIC WATER LEVEL:
176 ft. below land surface. Date 6-17-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
349	350	100 gpm	176
396	412	200 gpm	176
475	504	300 gpm	176

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil brown	0	2	
Clay brown	2	10	
Clay brown sandy	10	15	
Clay grey green sticky	15	18	
Gravel med cobbles	18	31	
Clay brown sticky	31	44	
Clay grey	44	47	
Gravel med	47	49	
Clay grey	49	65	
Gravel med. cemented	65	73	
Clay grey w/ gravels	73	99	
Clay grey w/ wood	99	112	
clay grey	112	173	
Gravel cemented coarse	173	182	
Clay grey sticky	182	206	
Clay brown claystone mix	206	227	
Clay brown sticky	227	256	
Gravel med	256	275	
Clay grey	275	285	
Clay grey green grainy	285	297	
Clay green w/ black soft shale and white clay	297	324	
Rock grey med soft-claystone	324	CONTINUED	

Date started 4-14-89 Completed 6-17-89

(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 John Stadel WWC Number 1483
 Date 7-14-89

(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 723
 Date 7-15-89

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 Address _____
 City _____ State _____ Zip _____

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 Other _____

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

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

HOLE Diameter	From	To	Material	SEAL		Amount sacks or pounds
				From	To	

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	Material			
				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"/>
				<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:

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"/>
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 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 _____ Latitude _____ Longitude _____
 Township SALEM, OREGON N or S, Range _____ E or W, WM.
 Section _____ ¼ _____ ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(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
CONTINUATION			
Rock grey med soft-claystone green streaks	324	332	
Claystone & rock grey soft	332	335	
Basalt hard grey	335	349	
Basalt frac.	349	350	176
Basalt hard grey	350	396	
Basalt pourous with seams of lava & claystone multicolors	396	412	176
Basalt black medium	412	475	
Basalt pourous and frac. black, brown and green	475	504	176
Basalt hard grey	504	508	

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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 WWC Number 1483
 Signed John Stadel Date 7-14-89

(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.
 WWC Number 722
 Signed [Signature] Date 7-14-89