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SC # 7816

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

M 171...5589

(1) OWNER: Well Number: _____
Name City of Scotts Mills
Address 990 Crooked Finger Rd. NE
City Scotts Mills State OR Zip 97375

(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:
Final Construction approval Yes No
Yes No Depth of Completed Well 180 ft.
Explosives used Type _____ Amount _____

HOLE		SEAL				Amount	
Diameter	From To	Material	From To			sacks or pounds	
12"	0 180	neat cement	0 20			14	bags
12"	0 180	" "	175 180			5	bags

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 175 ft. to 180 ft. Material neat cement
Gravel placed from 175 ft. to 20 ft. Size of gravel 3/4"-1" round

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	+1	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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: _____

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0'	120'	3/8"		8".250		<input checked="" 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 Drawdown Drill stem at Time
40 gpm _____ 120' 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 15 SE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Approx. address
City Park, 340 1st St. Scotts Mills, OR

(10) STATIC WATER LEVEL:
_____ 10 _____ ft. below land surface. Date 11-1-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 95'

From	To	Estimated Flow Rate	SWL
95	96	40 gpm	10'
158	174	12 gpm	10'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil & cobbles to boulders	0	7	
Grey sandstone med.	7	95	
Lava-coal black med.	95	96	WB
Hard to med. grey w/ streaks of green sandstone	96	151	
Grey clay	151	158	
Med. to hard grey sandstone	158	174	WB
Black vasicular basalt hard	174	185	

Date started 10-21-88 Completed 11-1-88

(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 _____ WWC Number 467
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. 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 11-4-88