

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

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 MART... AUG 05 1987

bs/15-22dc
Deep.

WATER RESOURCES DEPT

(1) OWNER: _____ Well Number: _____
 Name City of Scotts Mills
 Address _____
 City Scotts Mills State Or. Zip 97075

(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 190 ft.
 Yes No
 Explosives used Type NA Amount NA

| HOLE meter | SEAL | | Material | SEAL | | Amount sacks or pounds |
|---------------|------|-----|----------|------|----|---------------------------|
| | From | To | | From | To | |
| 6 | 83 | 200 | Fract | | | |

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

(6) CASING/LINER:

| Casing: | Diameter | From | To | Gauge | Material | | | |
|---------|----------|------|-----|-------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| Liner: | 4.5" | 0 | 190 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Location of shoe(s) NA

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

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 160 | 190 | 1/8" | 80 | | | <input type="checkbox"/> | <input checked="" 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 _____ 199 1 hr.

Temperature of water NA Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom NO
 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 Nor or S, Range 1E E or W, WM.
 Section 22 SW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 8th St. well

(10) STATIC WATER LEVEL:
180'? ft. below land surface. Date 8-1-87
 Artesian pressure NA lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 185

| From | To | Estimated Flow Rate | SWL |
|----------|-----|---------------------|-----|
| 83' orig | | 15 | |
| 180 | 200 | 25 | 180 |

(12) WELL LOG: Ground elevation NA

| Material | From | To | SWL |
|--|------|-----|------|
| Basalt hard cry | 83 | 128 | |
| Basalt fract cry hard | 128 | 155 | |
| Fract basalt severely loss circ zone totally cemented off (3) times | 155 | 178 | |
| total of 175 bags cement 7 <u>30 Additional</u> | | | |
| Fract basalt blk | 178 | 200 | 180? |
| Zone from 155' to 178' was cemented 3 times, drilled out on 3 separate occasions, water encountered @ 185' | | | |

Date started 7-16-87 Completed 8-1-87

(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 _____
 Date 8-2-87

(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 728
 Date 8-3-87