

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

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65/2w/21 ba

(START CARD) #18001

(1) OWNER: Well Number: 2867
 Name NYS Farm c/o Bob Nys
 Address 5820 Brooklake Rd. N.E.
 City Brooks, OR 97305 State _____ Zip _____

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	20	Dry Bentonite	0	20	800 pounds
8	0	200				

How was seal placed: Method A B C D E
 Other As Per 690-210-340
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded		
Casing:	8"	+1	200	.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"/>
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"/>

Final location of shoe(s) 200'

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills Knife (3/8" X 2 1/4")
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	119		342			<input checked="" type="checkbox"/>	<input type="checkbox"/>
160	200		720			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 500+ Drawdown _____ Drill stem at 200 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 2W E or W, WM.
 Section 21 NE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 5820 Brooklake Rd. N.E.

(10) STATIC WATER LEVEL:
 _____ 26 ft. below land surface. Date 4/20/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 68

From	To	Estimated Flow Rate	SWL
68	200	1000+	26

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	53	
Gray Clay	53	68	
Sandy Black Clay	68	84	
Black Sand and Gravel	84	92	
Brown Sand and Gravel	92	119	
Black Sandy Clay	119	133	
Black Sandy Gravel	133	141	
Black Sandy Clay	141	144	
Black Sandy Gravel	141	152	
Brown Sand and Gravel, cemented	152	200	

Date started 4/10/90 Completed 4/20/90

(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 Mark D. Bein WWC Number 753
 Date 4/20/90

(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. Willamette Drilling Co. WWC Number 753
 Signed Mark D. Bein Date 4/20/90