

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

MAR 16/89

**RECEIVED**

SEP 18 1986

75/1W-9ba

**WATER RESOURCES DEPT**

**(1) OWNER:** Owner's Well Number: \_\_\_\_\_  
 Name Gary Kaufman  
 Address P.O. Box 3154  
 City Salem State Or. Zip 97

**(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:**  
 Depth of Completed Well 340 ft.  
 Special Standards date of approval \_\_\_\_\_

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

How was seal placed? Method  A  B  C  D  E  
 Other orig  
 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"/>
	NA				<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) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method NA  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NA						<input type="checkbox"/>	<input type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/4 hr
720		340	1 hr
430		275	
400		250 310 @ 225	

Temperature of water NS 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 T7S N or S, Range 1W E or W, WM.  
 Section 9 NE 1/4 NW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 1/2 mile west of cascade hwy on Evergreen Rd.

**(10) STATIC WATER LEVEL:**  
131 ft. below land surface. Date 9-13-86  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	WB?	SWL
Ream existing 6" hole from to 8" dia. basalt	220'	320'		
Basalt hard gry fract	320	331		
Basalt brn-gry fract	331	340	H2O	

Date started 9-11-86 Completed 9-13-86

**(unbonded) Water Well Constructor Certification:**  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed Steve Stadel Date 9-15-86

**(bonded) Water Well Constructor Certification:**  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.  
 Signed [Signature] Date 9-15-86  
 Company Staco Well Services Co. Job No. \_\_\_\_\_