

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

RECEIVED
 JUL - 7 1989
 WATER RESOURCES DEPT. (START CARD) # 11147

MAR 21 6269

75/1w/15ac

(1) OWNER: MARY ANN or BRENDA BOLLIGER Well Number: _____
 Name MARY ANN or BRENDA BOLLIGER
 Address 13320 FINLAY RD NE
 City SILVERTON State OR Zip 97381

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 7 S N or S, Range 1 W E or W, WM.
 Section 15 SW 1/4 NE 1/4
 Tax Lot # 1-49999-000 Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Same as #1.

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon
 (3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(10) STATIC WATER LEVEL:
185 ft. below land surface. Date 7/1/89
 Artesian pressure _____ lb. per square inch. Date _____

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

(11) WATER BEARING ZONES:
 Depth at which water was first found 286

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No _____ Depth of Completed Well 330 ft.
 Yes No
 Explosives used Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
286	307	20+ GPM	
307	330	48 GPM total	185'

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
5 7/8"	283 330	Original seal.		

(12) WELL LOG: Ground elevation _____

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 _____

Material	From	To	SWL
Basalt g grey hard	283	330	

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	Original		.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) _____

Date started 6/30/89 Completed 7/1/89

(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"/>

(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 Ronald Stadelci WWC Number 1222
 Date 7/4/89

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
48		329	1 hr.

(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 Paul R. Stadelci WWC Number 296
 Date 7-6-89

Temperature of water 56° 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: _____