

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

RECEIVED
 SEP 11 1986
 WATER RESOURCES DEPT.

MARION 284
 7 1/2 W - Road
 Deep.

(1) OWNER:

Name Bob Barnes Owner's Well Number: 15M. 0362
 Address 2718 Cascade Hwy
 City Silverton State Or. Zip 97381

(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 246 ft.

Special Standards date of approval _____

HOLE Diameter	From	To	SEAL		Amount sacks or pounds
			From	To	
	orig				

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 _____

(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"/>
Liner:	NA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(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"/>

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

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
75		246	1 hr
65		200	
65		175	

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 7S N or S, Range 1W E or W, WM.
 Section 16 SE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same as mailing

(10) STATIC WATER LEVEL:

83 ft. below land surface. Date 9-8-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Basalt hard gry	96	142		
Basalt blk-gry medhrd	142	171		
Basalt gry fract	171	185	H2O	
Basalt hard gry	185	208		
Basalt gry fract	208	215	H2O	
Basalt hard gry	215	235		
Basalt gry, fract	235	246		

Date started 9-8-86 Completed 9-8-86

(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 Byron Stadel Date 9-8-86

(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 9-9-86

Company Staco Well Services Co. Job No. _____