

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

MAR 6 328 **RECEIVED** 75/1w/19
 JUL 6 1989
 Page 1 WATER RESOURCE (START CARD) # 5288

(1) OWNER: Well Number: _____
 Name Michael B Fordyce
 Address 7023 Sunnyview Rd NE
 City Salem State OR Zip 97305

(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 303 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	50	Cement	43	50	5 sacks
				0	26	11 sacks
8	50	303				+ bentonite

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 26 ft. to 43 ft. Material 3/4 crushed rock
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	1	50	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 7" OD - 2	303	188		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
115	295	3/16x6	327			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 400 (Approx.) Drawdown _____ Drill stem at 300 ft 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 7-S N or S, Range 1-W E or W, WM.
 Section 19 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9710 Sunnyview Rd Salem OR 97305

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 6-15-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 34 ft

From	To	Estimated Flow Rate	SWL
34	38	1-2 gpm	27
91	303	400 gpm	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	1	
Brown clay	1	5	
Hard sticky brown clay	5	12	
Weathered basalt	12	26	
broken black basalt	26	34	
Weathered basalt	34	38	27
Hard broken basalt	38	43	
Hard black basalt	43	52	
Black basalt with layers of green shale	52	60	
Black basalt fractured	60	72	
Soft black basalt	72	74	
Weathered rock + shale	74	80	
Black basalt fractured seams	80	97	45
Gray basalt Seamed	97	114	45
Black basalt Fractured	114	140	45
Hard black Basalt	140	219	45
Weathered rock	219	220	
Very hard gray basalt	220	246	
Black + brown basalt some honey comb seams	246	261	45
Med. hard black basalt	261	271	45

Cont. Page (2)

Date started 5-31-89 Completed 6-15-89

(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.
 WWC Number _____
 Signed _____ Date _____

(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.
 WWC Number 1273
 Signed Floyd N. Seppel Date 6-16-89

