

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

RECEIVED
 JUL 26 1989

78/2w/12ac
 7256
 (START CARD) #

(1) OWNER:

Name CLIFFORD HERR Well Number _____
 Address 9551 Selah Springs Road SALEM, OREGON
 City Silverton State Oregon Zip 97381

(9) LOCATION OF WELL by legal description:

County Merion Latitude _____ Longitude _____
 Township 7 South N or S, Range 2 West E or W, WM.
 Section 12 SW $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
9551 Selah Springs Road, Silverton, Oregon

(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 420 ft.
 Yes No

Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
18"	0'	25'	Bentonite	0'	25'	30
12"	25'	330'				
10"	250'	420'		240'	327'	21

How was seal placed: Method A B C D E

Other Poured bentonite dry, placed grout by bailer

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	12"	+1	311'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"		247'	327'	.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"/>	
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) 311 Feet

(7) PERFORATIONS/SCREENS:

Perforations Method None
 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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
85	15 Ft		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: _____

(10) STATIC WATER LEVEL:

52 ft. below land surface. Date 5-10-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 108 Feet

From	To	Estimated Flow Rate	SWL
108 Ft	111 Ft	50 GPM	55'
335 Ft	352 Ft	70 GPM	110'
380 Ft	395 Ft	70 GPM	70'
405 Ft	417 Ft	85 GPM	52'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Clay Brown	2	22	
Silty Clay Brown	22	32	
Gray Silt & Clay	32	47	
Brown & Gray Silty Clay	47	80	
Cemented Gravels Brown	80	105	
Sand & Gravels Brown	105	108	55'
Cemented Gravels Brown	108	146	
Gray Sandy Clay	146	252	
Clay Brown	252	259	
Clay Gray	259	287	
Clay Brown	287	302	
Clay Red	302	317	
Weathered Rock	317	322	
Basalt Black	322	330	
Broken Basalt Black	330	352	110'
Basalt Gray	352	377	
Basalt Honeycomb	377	392	70'
Basalt Firm	392	405	
Basalt Broken	405	414	52'
Basalt Black Firm	414	420	
10" Casing Capped, And Placed Into Grout.			

Date started April 10, 1989 Completed May 10, 1989

(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 _____ WWC Number _____
 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.

Signed Harvey R Peck WWC Number 758
 Date May 14, 1989