

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

FEB 29 1988
WATER RESOURCES DEPT.
SALEM, OREGON

73/2W-14ca
Dep.

(1) OWNER: Owner's Well Number: _____
 Name G & C FARMS
 Address 4196 81st Ave. N.E.
 City Salem State Oregon Zip _____

(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 620 ft.
 Special Standards date of approval _____

HOLE SEAL
 Diameter From To Material From To Amount
 8" 170' 620' Cement 0' 170' 62 Sacks
 8" .250 Wall Casing Installed, Centered, And
 Grouted From Bottom To Top With Air Grout Pump
 To Insure Positive Placement Of Cement Grout.

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	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	380'	.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"/>

Location of shoe(s) 380 Feet

(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"/>

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

Yield gal/min	Pumping level	Drill stem at	Time
680	45 Ft		1 hr
650	50 Ft		2 Hrs.
650	50 Ft		4 Hrs.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom Water Lab Salem
 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 South N or S, Range 2 West E or W, WM.
 Section 14 NE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
4196 81st Ave. N.E. Salem, Oregon

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 2-4-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Brown Clay	170	200		
Gray Clay Silty	200	210		
Packed Sand	210	217		
Gray Glay	217	255		
Red Clay	255	280		
Gray & Brown Clay	280	310		
Red Clay	310	365		
Weathered Out Rock	365	375		
Gray Basalt, With Layers				
Of Black Basalt	375	445		
Gray Siltstone	445	453		
Honeycomb Basalt Rock	453	470	XX	
Gray Broken Basalt	470	474		
Black Basalt Solid	474	515		
Gray Basalt, With Layers				
Of Broken Rock	515	540		
Vesicular Basalt Broken	540	543	XX	
Claystone Gray	543	547		
Black Basalt Firm	547	555		
Gray Basalt Broken	555	562		
Gray Sandstone Hard	562	573		
Gray Basalt Broken	573	580		
Honeycomb Broken Black				
Weathered Basalt	580	598	XX	45'
Black Basalt Firm	598	620		45'
Underreamer Used To				
Insure Positive Seal Into				
Basalt Rock.				

Date started 11-23-87 Completed 2-4-88

(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 _____ Date _____

(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 Thomas Peck Date Feb. 9, 1988
 Company MONDERS DRILLING, INC. Co. Job No. _____