

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

RECEIVED
 JUL 23 1986
 WATER RESOURCES DEPT.

7/2W-14
 deep.
 7057
 MAR 1987

(1) OWNER: SALEM, OREGON
 Name G & C FARMS
 Address 4196 81st Street 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 275 ft.
 Special Standards date of approval _____

HOLE Diameter	From		To		SEAL Material	From		To		Amount sacks or pounds
	From	To	From	To		From	To			
6"	185	219								
5 7/8"	219	275	Cement	0	185					140 Sacks

How was seal placed? Method A B C D E
 Other Air Grout Pump See #11

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
	8"	+1	185	.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) _____

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 500 Pumping level _____ Drill stem at 270' 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 South N or S, Range 2 West E or W, WM.
 Section 14 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
44' ft. below land surface. Date 6-7-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Black Basalt Firm	185	198		
Black Basalt Soft	198	204		
Gray Claystone, With Traces Of Gray Clay	204	209		
Black Basalt Medium	209	215		
Black Basalt, With Traces Of White Claystone	215	217		
Black Basalt With Red Claystone Firm	217	219		
Weathered Basalt, With Multi-Colored Claystones	219	234		
Black Basalt				
Water Bering	234	271	XX	
Gray Basalt Firm	271	275		44'
Existing 12" Well Is 15' Into Black Basalt With Open Hole.				
8" .250 Wall Casing Installed Centered, And Grouted From Bottom To Top With Air Grout Pump To Insure Positive Placement Of Cement Grout.				

Date started 6-5-86 Completed 6-6-86

(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 _____ 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 Monders Date 6-21-86

Company MONDERS DRILLING, INC. Co. Job No. _____