

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 657.746)

mari  
 73

**RECEIVED**

85/2w/10 ac

JUN 6 1990

(START CARD) # 17042

**(1) OWNER:**

Name Force & Coy Well Number: WATER RESOURCES DEPT. SALEM, OREGON  
 Address 2445D Southern Hwy  
 City LYONS State OR 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:**

Special Construction approval Yes No   Depth of Completed Well 210 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
10	0 20	Cement	0 80	20
8	20 80			
6	80 210			

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: 4	110	79	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	0	210	Well casing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method Sk. 1 Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	210	4x4	120			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
125		208	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 Washington Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township B5 N or S, Range 2W E or W, WM.  
 Section 10 SW 1/4 NE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Appt. 47146 71st S.E. Salem, Or.

**(10) STATIC WATER LEVEL:**

19'6" ft. below land surface. Date May 9, 1990  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 115'

From	To	Estimated Flow Rate	SWL
115	210	125	19'6"

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Soil	0	3	
Clay	3	5	
Clay, Small Gravel	5	12	
Clay	12	30	
Clay, Decomposed Gravel	30	48	
Rock Gray Hard	48	72	
Rock Shale	72	112	
Rock Siltstone	112	180	
Rock Very Broken	180	210	19'6"

Date started May 1, 1990 Completed May 6, 1990

**(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 [Signature] WWC Number 25  
 Date May 9, 1990