

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

809
 481.2

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45/1w/28dc
 7014

(START CARD) # 7014

(1) OWNER:
 Name Ray Doubrava
 Address 18598 Mineral Springs Rd.
 City Hubbard State OR Zip 97032

Well No. **WATER RESOURCES DEPARTMENT OF WELL** by legal description:
SALEM, OREGON County Marion Latitude _____ Longitude _____

Township 4S N or S, Range 1W E or W, WM.
 Section 28 SW $\frac{1}{4}$ SE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 18598 Mineral Springs Rd. Hubbard, OR 97032

(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 120' ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18	Bentonite	0	18	28sacks
8"	18	150				

How was seal placed: Method A B C D E
 Other OAR 690-210-340 Granular bentonite
 Backfill placed from 120' ft. to 150' ft. Material pea gravel
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	+2	100	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing:				<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"/>

Final location of shoe(s) 100'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
98'	103'	15		7"	tele	<input type="checkbox"/>	<input type="checkbox"/>
103'	113'	18		7"	tele	<input type="checkbox"/>	<input type="checkbox"/>
113'	120'	200		7"	tele	<input type="checkbox"/>	<input type="checkbox"/>
120'	Bail & bottom plate					<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
275	-	120'	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:
35' ft. below land surface. Date 5/26/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 93'

From	To	Estimated Flow Rate	SWL
93	120	275	35'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	1	
Clay brown	1	28	
Clay sandy brown	28	43	
Clay sticky brown	43	56	
Clay sandy brown	56	93	
Sand black	93	100	
Sand & trace gravel	100	108	
Gravel & sand	108	110	
Gravel	110	119 1/2	
Clay blue sticky	119 1/2	131	
Clay sandy blue	131	141	
Clay grey sandy	141	150	

Date started 4/31/89 Completed 5/26/89

(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 783
 Signed [Signature] Date 6/16/89