

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

MAR 21 8:20 AM

7S/2W/22 ba

(START CARD) # 18029

(1) OWNER:

Name HARLAN D. WARNICK Well Number: 2890
 Address 10551 Saratoga Drive N.E.
 City Salem, Oregon 97305 State _____ 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 180 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	19	Bentonite	0	19+	1050 lbs.
10	0	180				

How was seal placed: Method A B C D E
 Other As Per 690-210-340

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
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10	+1	180	.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"/>

Final location of shoe(s) 180'

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife 3/8" X 2 3/4"
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	180		1020			<input checked="" 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
500+		180	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 7S N or S, Range 2W E or W, WM.
 Section 22 NE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 6922 Sunnyview Rd.

(10) STATIC WATER LEVEL:

42 ft. below land surface. Date 8/10/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 120

From	To	Estimated Flow Rate	SWL
120	180	1000+	42

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	2	
XXXXXXXXXXXX			
Brown Silty Clay	2	31	
Blue Clay	31	36	
Blue Clay and Black Sand and Gravel	36	40	
Brown Cemented Brown Sand and Gravel	40	123	
Brown Sand and Gravel	123	143	
Cemented Brown Sand and Gravel	143	178	
Brown Sand and Gravel	178	180	

RECEIVED
 IN AUG 23 1990
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8/7/90 Completed 8/10/90

(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 Mark D Beier WWC Number 753
 Date 8/10/90

(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. WILLMETTE DRILLING CO. WWC Number 753

Signed Mark D Beier Date 8/10/90