

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

WATER RESOURCES DEPT.
 SALEM, OREGON

55/2W/17 CC

(START CARD) # 19833

MAR 21 8214

(1) **OWNER:**
 Name Cy Ferschweiler
 Address 5555 Ferschweiler Lane NE
 City Gervais State OR Zip 97026
 Well Number: _____

(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 276 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
	10 120 276	not changed		

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:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	10	+1	276	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) 276

(7) **PERFORATIONS/SCREENS:**
 Perforations Method air rotary
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
211	225	.1x1	600			<input checked="" type="checkbox"/>	<input type="checkbox"/>
237	263	.1x1	1100			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min approx. 500 Drawdown _____ Drill stem at 276 Time 1 hr.

Temperature of water approx 55°F 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 5S N or S, Range 2W E or W, WM.
 Section 17 SW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Owner

(10) **STATIC WATER LEVEL:**
60.5 ft. below land surface. Date 8/20/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 31

From	To	Estimated Flow Rate	SWL
see (7)		see (8)	see (10)

(12) **WELL LOG:** Ground elevation approx. 170

Material	From	To	SWL
Gravel, 2"-w/sand, med-crse, blk & clay, grey	120	123	
Gravel, 4"- & sand, crse brn	123	138	
Sand, med-crse & gravel, 1"-brn	138	143	
Clay, blue	143	168	
Sand, grey, clayey	168	171	
Clay, grvl, & sand	171	176	
Clay, grey	176	205	
Clay, silty w/sand	205	211	
Gravel, 4"- & sand, med-crse	211	225	
Clay, grey w/gravel	225	237	
Gravel, 1"- & sand, med-crse	237	242	
Gravel, 4"- & sand, crse	242	256	
Sand, med w/wood & gravel	256	263	
Clay, grey & gravel	263	267	
Clay, blue-grey, gritty	267	276	

Original well was drilled in 1962 by Arrow.

Date started 7/10/90 Completed 7/21/90

(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 Donald D. Davis WWC Number 1085
 Date 8-20-90

(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.
 Signed Stephen D. Shumaker WWC Number 649
 Date 8/20/90