

STATE OF OREGON
WATER WELL REPORT WATER RESOURCES DEPT.
 (as required by ORS 537.765) SALEM, OREGON

APR 17 1987

MA 18840
 85/1W-22

(1) OWNER: Well Number: _____
 Name BRUCE PACKING COMPANY
 Address _____
 City Sublimity 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:
 Special Construction approval Yes No Depth of Completed Well 270 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE Diameter	SEAL		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
12"	0'	50'	Cement	0'	50'	19 Sacks
8"	50'	270'				

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:	8"	+1	50'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	7"	0"	270'	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	190	1/8	117			<input type="checkbox"/>	<input checked="" type="checkbox"/>
		x 5"				<input type="checkbox"/>	<input type="checkbox"/>
230	264	1/8	90			<input type="checkbox"/>	<input checked="" type="checkbox"/>
		x 7"				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 430 Drawdown _____ Drill stem at 268' Time 1 hr.

Temperature of water 52° 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 8 South N or S, Range 1 West E or W, WM.
 Section 22 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Silver Falls Hi-Way

(10) STATIC WATER LEVEL:
112 ft. below land surface. Date 4-7-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 154 Ft

From	To	Estimated Flow Rate	SWL
154'	190'	80	
255'	268'	350	112'

(12) WELL LOG: Ground elevation 580'

Material	From	To	SWL
Brown Clay	0	2	
Decomposed Rock, With			
Brown Clay	2	11	
Weathered Rock, With Layers			
Of Multi-Colored Clays	11	33	
Weathered Basalt	33	42	
Gray Basalt Firm	42	78	
Gray Basalt Broken	78	89	
Gray Basalt Firm	89	136	
Gray Basalt Broken	136	154	
Black Basalt Medium WB	154	190	
Gray Basalt Firm	190	226	
Black Basalt Fractured	226	232	
Gray Basalt Firm	232	255	
Black Vesicular Basalt WB	255	260	
Black Vesicular Basalt, With			
Multi-Colored Claystones WB	260	268	
Black Basalt	268	270	112'
5% Bentonite Used To Seal			
Well.			
Driller Reccomended Pump Be			
Between 230' To 260'			

Date started 3-27-87 Completed 4-7-87

(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.
 MONDERS DRILLING, INC. WWC Number 1325
 Signed M. D. Monders Date 4-8-87