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MIR 9/160

8/1W-3566
Deep.

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

NOV 21 1986

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name Bob Schumacher
Address 8144 135th Ave. SE
City Sublimity State OR Zip 97385

(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
 Geothermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Original Depth of Completed Well 470 ft.
Special Standards date of approval NA

HOLE meter	From	To	SEAL		Amount sacks or pounds
			Material	To	
orig					

How was seal placed? Method A B C D E
 Other orig

Backfill placed from _____ ft. to _____ ft. Material NA

Gravel placed from _____ ft. to _____ ft. Size of gravel NA

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: <u>NA</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>NA</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) orig

(7) PERFORATIONS/SCREENS:

Perforations Method NA
 Screens Type _____ Material NA

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NA						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time
			1/2 hr
			1 hr
1200		470	2

Temperature of water NA Depth Artesian Flow Found NA

Was a water analysis done? Yes By whom NA

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other NA

Depth of strata: _____

LOCATION OF WELL by legal description:

County Marion Latitude _____ Longitude _____
Township 8S N or S, Range 1W E or W, WM.
Section 35 NW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME AS OWNER

(10) STATIC WATER LEVEL:

119 ft. below land surface. Date 11-12-86
Artesian pressure NA lb. per square inch. Date NA

(11) WELL LOG:

Ground elevation NA

Material	From	To	WB?	SWL
Basalt Grey Hard	302	340		
Basalt Grey Some green				
semi-fract & vesicular	340	344		
Basalt Grey Hard	344	364	H20	
Basalt Grey Fract. & Vesicular	364	367		
Basalt Grey Hard	367	379		
Basalt Visic Blk-Gry	379	380	H20	
Basalt Hard Grey	380	454		
Basalt Fract. Semi	454	455.5	H20	
Basalt Blk-Gry Hard	455.5	463		
Basalt Semi Fract Blk	463	468		
Basalt Blk Hard	468	470		

Date started 11-10-86 Completed 11-12-86

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Chel Star Date 11-19-86

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Chel Star Date 11-19-86

Company Staco Well Services Co. Job No. _____