

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

AUG 21 1990

WATER RESOURCES DEPARTMENT (START CARD) # 24467

*Mar 9254 GS/10/2 Ca*

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name KRAEMERS NURSERY  
 Address 13523 MARQUAM RD NE  
 City MT ANGEL State OR Zip 97362

**(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 497' ft.  
 Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
15.5	0	23'	Gran. Bent	0	23	19 sacks
13"	256	287	Neet cement	256	287	20 sacks
12.5	23'	256	Native soil	23'	256'	-

How was seal placed: Method  A  B  C  D  E  
 Other Poured in dry *Bottom seal*  
 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"	1.5	287	.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) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
380	-	496'	1 hr.
360	-	476'	2 hrs.
220	-	300'	1/2 hr.

Temperature of water 55 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes  No 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 6S N or S, Range 1W E or W, WM.  
 Section 2 NE 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) XXX 13933 Marquam RdNE

**(10) STATIC WATER LEVEL:**  
150' ft. below land surface. Date 8-14-90  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date 8-14-90

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 97'

From	To	Estimated Flow Rate	SWL
97	100	30 gpm	57'
137	143	200 gpm	57'
390	400	25 gpm	150'
439	455	225 gpm	150'

**(12) WELL LOG: *Continued***  
 Ground elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	2	
Clay brown	2	16	
Clay gray sticky	16	34	
Clay tan silty	34	38	
Clay brown very sticky	38	42	
Clay grey sticky	42	46	
Clay grey	46	54	
Siltstone brown & grey	54	64	
Clay brown silty	64	67	
Siltstone brown & grey	67	82	
Clay grey	82	97	
Sand packed w/ fine gravel blk	97	100	wb
Sand packed w/ grey clay	100	110	
Clay brown sticky	110	137	
Sand loose w/ fine gravel blk	137	143	wb
Clay grey	143	174	
Clay brown	174	195	
Clay red & brown	195	200	
Clay red	200	214	
Clay yellow	214	225	
Clay brown	225	230	
Clay grey	230	249	

*Continued on next page...*

Date started 8-16-90 Completed 8-14-90

**(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 John R. Steinhilber WWC Number 1483  
 Date 8-18-90

**(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 [Signature] WWC Number 723  
 Date 8-18-90

RECEIVED

AUG 21 1990

(START CARD) # 24467

STATE OF OREGON

WATER WELL REPORT (as required by ORS 537.765)

(1) OWNER:

Name KRAEMERS NURSERY Well Number: Address 13523 MARQUAM RD NE City MT ANGEL State OR Zip 97362

(2) TYPE OF WORK:

Options: New Well, Deepen, Recondition, Abandon

(3) DRILL METHOD

Options: Rotary Air, Rotary Mud, Cable, Other

(4) PROPOSED USE:

Options: Domestic, Community, Industrial, Irrigation, Thermal, Injection, Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well ft. Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds

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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Options: Perforations, Screens Method Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water Depth Artesian Flow Found Was a water analysis done? Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other Depth of strata:

(9) LOCATION OF WELL by legal description:

County Latitude Longitude Township N or S, Range E or W, WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:

ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:

Table with columns: Material, From, To, SWL

Date started 8-6-90 Completed 8-14-90

(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 [Signature] WWC Number 1483 Date 8-18-90

(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 [Signature] WWC Number 723 Date 8-18-90