

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

**RECEIVED** 9344

JUL 28 1986

9344  
 121...

65/1E-3fab  
 Deep

WATER RESOURCES DEPT  
 Salem, Oregon

**(1) OWNER:**

Name George Hybertsen  
 Address 18827 N. Abiqua Rd.  
 City Silverton, State Oregon Zip 97381

**(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:**

Depth of Completed Well 152 ft.

Special Standards date of approval none

HOLE Diameter	From	To	SEAL		Amount sacks or pounds
			Material	To	
Orig. 6 1/8"	0	18	Cement	0	12 1/2 sacks

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:**

Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
				Size	Weight	Size	Weight	Size	Weight	Size	Weight
Casing orig. 6 1/8"	1+	18	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	2-	152	160 lb. test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method Skill saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
151	113	(1/8x7")	56			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Flowing Artesian	
			Time 1/2 hr	Time 1 hr
24	121	-with bailer	1 hr	
28	122	with- pump	1 hr.	

Temperature of water XX 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 6 S. N or S, Range 1 E. E or W, WM.  
 Section 34 N.E. 1/4 N.W. 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Same as item (1)

**(10) STATIC WATER LEVEL:**

116 ft. below land surface. Date 7/12/86  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WELL LOG:**

Material	From	To	WB?	SWL
Claystone-med. hd. blueish-grey-	128	141	WB.	116
Sandstone-blueish-grey-hd.	141	146	WB.	116
Sandstone-blueish-grey-med. hd.-	146	152	WB.	116

Date started July 3, 1986 Completed July 12, 1986

**(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 Paul R. Stadel Date 7-21-86

**(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 Paul R. Stadel Date 7-21-86

Company R. Stadel & Sons, Inc. Co. Job No. \_\_\_\_\_

MARI 9344  
For Official Use Only:

Received Date: \_\_\_\_\_

County Well Log ID #

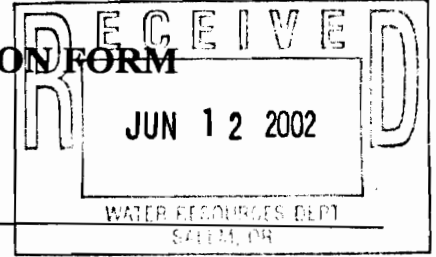
Well Identification Tag #

Mari 9347

L-59864

\* Mari  
9344

WELL IDENTIFICATION APPLICATION FORM



BUYER/CURRENT WELL OWNER:

Name: George Hybertson ClO Realtor  
Lenny Caster Broker

Mailing Address: 307 E Main

City: S. Tuleton State: OR Zip: 97281 Phone: (503) 873-3000

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION:

SEE ATTACHED Well Logs

County: Marion Owner's Well Number (1<sup>st</sup> or 2<sup>nd</sup> well on property, etc) 2nd

Township: 6 N or (S), Range: 1 (E) or W, Section: 34, 1/4 1/4

Tax Lot Number: \_\_\_\_\_ Type of Well: water supply  monitoring \_\_\_\_\_

Address of Well (if different from above): 18827 N. Abiqua Rd.  
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes: Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

(Optional): Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (do not complete remainder of application if drillers well report is attached)

See "Dear Landowner" letter for instructions in completing this portion of the application, or contact the Well Identification Program at (503) 378-8455, extension 260.

Start Card Number: \_\_\_\_\_ Approx. Well Construction Date: \_\_\_\_\_

Well Constructor: \_\_\_\_\_

RECEIVED  
OVER THE COUNTER

Name of Land Owner at Time of Construction: \_\_\_\_\_

Well Depth (in feet): \_\_\_\_\_ Static Water Level (in feet): \_\_\_\_\_

Diameter of Exposed Well Casing (in inches): \_\_\_\_\_

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department  
158 12th Street NE - Salem, OR 97301-4172

L-59864