

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

RECEIVED
 SEP 24 1990
 WELL NUMBER: 17051

65/14/33 db
 (START CARD) # 17051

(1) OWNER:

Name J & L Nursery Company
 Address 12219 Silverton Rd N.E.
 City Silverton State Or 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:

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>8</u>	<u>0</u>	<u>107</u>	<u>Cement</u>	<u>0</u>	<u>107</u>	<u>61</u>
<u>B</u>	<u>107</u>	<u>250</u>				

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: <u>B</u>	<u>8</u>	<u>±1</u>	<u>107</u>	<u>250</u>	<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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>250</u>		<u>245</u>	<u>3 hr.</u>

Temperature of water _____ 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: _____

RESOURCES DEPARTMENT OF WELL by legal description:

County Wagon Latitude _____ Longitude _____
 Township 65 N or S. Range 1W E or W. WM.
 Section 33 N.W. ¼ S.E. ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 12219 Silverton Rd N.E.
Silverton, Or - 97381

(10) STATIC WATER LEVEL:

64 ft. below land surface. Date Sept. 1, 1990
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 130'

From	To	Estimated Flow Rate	SWL
<u>130'</u>	<u>241'</u>	<u>250</u>	<u>64'</u>

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>3</u>	
<u>Clay</u>	<u>3</u>	<u>25</u>	
<u>Clay Gravel</u>	<u>25</u>	<u>101</u>	
<u>Rock Gray</u>	<u>101</u>	<u>130</u>	
<u>Rock Black Honeycomb</u>	<u>130</u>	<u>193</u>	
<u>Rock Red Honeycomb</u>	<u>193</u>	<u>193</u>	
<u>Rock Black Fritzen Honeycomb</u>	<u>193</u>	<u>241</u>	
<u>Rock Hard Gray</u>	<u>241</u>	<u>250</u>	<u>64'</u>

Date started Aug 24, 1990 Completed Sept 1, 1990

(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 _____ WWC Number _____
 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.
 Signed William J. Perry WWC Number 75
 Date Sept. 1, 1990