

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

Ma
 9942
 SEP 24 1990
 WATER RESOURCES DEPT.
 SALEM, OREGON

75/1w/18 ae

(START CARD) # 24472

(1) OWNER:
 Name Lee Schurter Well Number: _____
 Address 9266 Kaufman Rd.
 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 350 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	99	Cement	0	99	50 (2 bent)
10"	99	350				

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
Casing: 10	+1	99	.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"/>
						<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
350		350	1 hr.

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: _____

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 7S N or S, Range 1W E or W, WM.
 Section 18 NE $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) N/A

(10) STATIC WATER LEVEL:
66 ft. below land surface. Date 9-20-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 155'

From	To	Estimated Flow Rate	SWL
155	166	30 gpm	66
263	348	300 gpm	66

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	1	
Clay brown packed	1	5	
Clay brown medium	5	48	
Clay brown with gravels	48	61	
Claystone blue	61	66	
Basalt grey pourous	66	77	
Basalt grey hard	77	144	
Basalt grey pourous w/ grey claystone streaks	144	155	
Basalt grey fractured	155	166	WB
Basalt grey hard w/ fractures	166	207	
Basalt black med.-hard	207	263	
Basalt pourous & weathered	263	273	
Basalt grey med-hard	273	284	
Basalt grey pourous	284	289	
Basalt grey pourous harder	289	295	
Basalt black pourous	295	299	
Basalt grey hard	299	334	
Basalt grey pourous	334	348	WB
Clay blue	348	350	
5 Foam, 50 cement, 2 Bentonite.			

Date started 9-17-90 Completed 9-20-90

(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 1358 Date 9-20-90

(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 _____