

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

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(START CARD) # 18457

(1) OWNER:

Name Loy Russell
 Address 22241 Boones Ferry Rd. NE
 City Aurora State OR Zip 97002

(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 132 1/2 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	18	Bentonite	0	18	18 sacks
12"	18	132 1/2				

How was seal placed: Method A B C D E

Other Granular bentonite OAR 690-210-340

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

Gravel placed from 85' ft. to 132 1/2' ft. Size of gravel 3/8-1/4

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	12"	+1	110'	.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) 110'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
+2'	111'	10"	pipe			<input type="checkbox"/>	<input type="checkbox"/>
111'	123'	.140	10" pipe size screen			<input type="checkbox"/>	<input type="checkbox"/>
123'	132 1/2'	10"	pipe			<input type="checkbox"/>	<input type="checkbox"/>
132 1/2'	Bottom	plate				<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
105			1 hr.
97			4 hrs.

Temperature of water 54 degrees 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 4S N or S, Range 1W E or W, WM.
 Section 11 NE 1/4 NW 1/4
 Tax Lot 00500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 22241 Boones Ferry Rd NE Aurora, OR 97002

(10) STATIC WATER LEVEL:

89 ft. below land surface. Date 9/4/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 111'

From	To	Estimated Flow Rate	SWL
111'	123'	97 GPM	89'

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	17	
Clay brown sandy	17	20	
Clay brown	20	23	
Clay sandy brown	23	32	
Clay grey	32	54	
Clay sandy grey	54	58	
Clay sticky grey	58	61	
Clay sandy grey	61	72	
Clay, trace black sand	72	73	
Clay grey	73	76	
Clay sandy grey	76	78	
Clay sticky grey	78	100	
Clay grey, trace sand	100	104	
Clay sandy grey	104	108	
Sand black, clay grey	108	112	
Sand black	112	120	
Gravel & black sand	120	123	
Clay sticky grey	123	132 1/2	

Date started 7/6/90 Completed 9/4/90

(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.

WWC Number _____
 Signed _____ 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.

WWC Number 783
 Signed [Signature] Date 9/21/90