

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

MULT
 3104

RECEIVED

W/3E/27c

JUL 28 1992

(START CARD) # 37319

(1) **OWNER:** Well Number 6-NEW
 Name CITY OF FAIRVIEW
 Address 300 HARRISON ST.
 City FAIRVIEW State OR Zip 97024

(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 314 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
24	0	28	CEMENT	0	157	209
16	28	100				
14	100	157				
10	157	322				

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 188 ft. to 314 ft. Size of gravel 6-9 & 10-20 GCS

(6) **CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	10	+2	200	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10	301	322	.365	<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) 322

(7) **PERFORATIONS/SCREENS:**
 Perforations Method V-WIRE
 Screens Type JOHNSON Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
201	216	.060		6"	P/S	<input type="checkbox"/>	<input type="checkbox"/>
236	256	.060		6"	P/S	<input type="checkbox"/>	<input type="checkbox"/>
265	301	.030		5"	P/S	<input type="checkbox"/>	<input type="checkbox"/>
6" BLANK PIPE W/K PACKER FROM 189-201							
6" BLANK PIPE FROM 216-236							
5" BLANK PIPE FROM 256-265							

(8) **WELL TESTS:** Minimum testing time is 1 hour
 5" TAIL PIPE FROM 301-314

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500	56		5 1/2 hr.
500	60		12 HR
360	45		24 HR

Temperature of Water 56 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom COFFEE LABS
 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 MULTNOMAH Latitude _____ Longitude _____
 Township 1N N or S. Range 3E E or W. WM. _____
 Section 27 SW 4 4
 Tax Lot _____ Lot 7 Block _____ Subdivision SHAES EA
 Street Address of Well (or nearest address) 199 CRESTWOOD ST.

(10) **STATIC WATER LEVEL:**
102 ft. below land surface. Date 7-3-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
200	300	350-500	102

(12) **WELL LOG:**
 Ground elevation _____

Material	From	To	SWL
CRUSHED ROCK & DIRT	0	1	
SILTY SOIL	1	7	
SILTY SOIL W/LARGE BOULDERS	7	10	
CEMENTED COBBLES & GRAVEL BRN	10	21	
GRAVEL GREY LOOSLY CEMENTED	21	42	
GRAVEL & COBBLES TIGHTLY CEMTD	42	81	
GRAVEL & CLAY GREY	81	86	
CLAY GREY	86	101	
SANDSTONE BLACK	101	126	
SANDSTONE BLACK W/GRAVEL	126	128	
SANDSTONE BLACK	128	140	
SANDSTONE BLK W/STRKS OF GRN	140	144	
GREY CLAY			
SANDSTONE BLACK	144	157	
SANDSTONE GRAVEL CONGLOMERATE	157	164	
BRN CEMENTED			
SAND BRN	164	165	
SAND & GRAVEL BRN CEMENTED	165	194	
GRAVEL CARAMEL BRN W/SAND GREY	194	201	
BRN W/MICA CEMENTED			
GRAVEL GREY, BRN, TAN W/SAND &	201	207	
MICA LAYERS OF LOOSE & LOOSLY			
CEMENTED.			

(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 Daniel R. Stadel WWC Number 1487
 Date 7-20-92

(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 Steven N. Stadel WWC Number 688
 Date 7-20-92

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

*Mult
3104*

RECEIVED
 JUL 28 1992

1N/3E/27c

WATER RESOURCES DEPT. (START CARD) # 37319

(1) OWNER: Well Number 6-NEW SALEM, OREGON
 Name CITY OF FAIRVIEW
 Address 300 HARRISON ST.
 City FAIRVIEW State OR Zip 97024

(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 _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	

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:				<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"/>
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"/>

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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			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 MULTNOMAH Latitude _____ Longitude _____
 Township 1N N or S. Range 3E E or W. WM. _____
 Section 27 SW 1/4 _____
 Tax Lot _____ Lot 7 Block _____ Subdivision SHAES F
 Street Address of Well (or nearest address) 199 CRESTWOOD ST.

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
SAND & GRAVEL BRN GREY CEMENTED	207	218	
VERY FINE SILTY SAND W/MICA & SOME GRAVEL TAN	218	226	
FINE TO MED FINE TAN-BRN SAND W/MICA & SOME SILT	226	234	
LARGE COBBLES & GRAVEL CEMENTED W/COURSE ANGULAR SAND & SOME MICA	234	257	
CEMENTED SAND VERY COURSE W/SOME GRAVEL FINE	257	258	
SAND BRN, GREY, WHITE VERY FINE W/SOME SILT	258	263	
GRAVEL SMALL TO MED COURSE GRY BRN W/SAND LOOSLY CEMENTED	263	265	
SAND BRN GRY MED TO FINE W/MICA SOME SILT	265	282	
SAND BRN/GRY MED TO COURSE W/MICA	282	284	
SAND COURSE, ANGULAR W/SMALL GRAVEL CEMENTED	284	287	
GRAVEL & SAND MED COURSE CMTD	287	312	
CLAY GREY SANDY	312	322	

Date started _____ Completed _____

(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 *Daniel R. Ansdick* WWC Number 1487
 Date 7-20-92

(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 *Steven N. Stadel* WWC Number 688
 Date 7-20-92