

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

FEB 26 1991

15/4E/8

(START CARD) # 22528

(1) OWNER:

Name Kenneth R. Ferslake Well Number: _____
Address 1605 SE 302
City TRUTDALE State OR Zip 97060

(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 450 ft.
Explosives used ☐ Yes ☐ No ☐ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	401	450	Open			

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6	401	450	1606	☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100	50		1 hr.

Temperature of water 53 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 Mult Latitude _____ Longitude _____
Township 15 N or S. Range 4E E or W. WM. _____
Section 8 Block _____ Subdivision _____
Tax Lot 007 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2538 SE 302
TRUTDALE, OR

(10) STATIC WATER LEVEL:

335 ft. below land surface. Date 2/23/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found <u>350</u>		From	To	Estimated Flow Rate	SWL
		350	430	200	335

(12) WELL LOG:

Material	From	To	SWL
Gravel sm to large	401	430	335
Clay Blue w/ small to large Gravel	430	450	335

Date started 1/30/91 Completed 2/25/91

(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 1328
Signed Michael W. Smith Date 2/25/91