

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

RECEIVED *per [unclear] 6/30/32 ac*
 JUL - 7 1989 *1140* SC # 10670

(1) OWNER: Well Number: _____
 Name Perrydale Domestic Water Assoc.
 Address 11475 W. Perrydale Rd.
 City Amity State OR Zip 97101

LOCATION OF WELL by legal description:
 SALEM, OREGON Latitude _____ Longitude _____
 Township 6S N or S, Range 3W E or W, WM.
 Section 32 SW 1/4 NE 1/4
 Tax Lot 302 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) n/a

(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 Test hole

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 440 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Depth	Material	From	To	sacks or pounds	
12" 0	400 cement	400	390	9 sacks	
12" 325	390 gravel	390	325		
12" 325	90 cement	325	90	135 sacks	

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: 8"	+1	400	.250	<input 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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method air perf.
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
360	390	1/2"	1200	8"	p.s.	<input checked="" 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.
See Attached Sheet			

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom Waterlab
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 440-575

(10) STATIC WATER LEVEL:
70 ft. below land surface Date 6-15-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
360	390	60	70
440	575	100+	?

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Fine black sand	95	105	8'
Soft brown clay/streaks of green gravel	105	120	
Soft blue green clay	120	144	
Clay green med. hard	144	165	
Clay hard grey	165	171	
Clay soft silty brown	171	176	
Clay hard sticky grey	176	187	
Clay med. brown	187	189	
Clay hard sticky grey	189	191	
Clay med. silty brown w/ green	191	196	
marble sediments		196	
Clay soft brown/brn. sandstn sed	196	198	
Wood	198	199	
Clay soft brn/brn. sandstn sed.	199	204	
Clay med. brown silty	204	207	
Clay hard sticky brown	207	211	
Clay med. brn/grn marine sed.	211	212	
Clay med. brn silty	212	214	
Clay soft brn/brn sandstn sed.	214	216	
Sandstn soft brn sed.	216	231	
Clay sticky brown	231	241	

CONTINUED

Date started 6-1-89 Completed 6-15-89

(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 Chuck-Dan-John/ghadi WWC Number _____
 Date 6-30-89

(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 6-30-89

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

POK 1142

RECEIVED *bs/3w/32ac*
 JUL - 7 1989 *SC 10670*

CONTINUATION

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 Address 11475 W. Perrydale Rd.
 City Amity State OR Zip 97101

(2) TYPE OF WORK:
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 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	

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"/>
						<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:
 WATER RESOURCES DEPT.
 County CLATSOP Longitude _____
 Township _____ Nor S, Range _____ E or W, WM.
 Section _____ 1/4 _____ 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(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
Soft brown clay w/green marine sediment	291	305	
Soft brown red clay	305	309	
Small brown pea gravel	309	311	
Hard Rock	311	321	
Soft grey clay w/small gravel streaks	321	331	
Mix of large sandstone sed. & small gravels	331	342	
Hard black shale	342	353	
Hard brown sandstone sedi.	353	357	
Highly weathered grey basalt	357	386	
Broken weathered basalt	386	440	
Basalt green fractured	440	460	
Rock brown fractured	460	539	
Clay sticky blue	539	553	
Marine deposits grey	553	575	

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 *[Signature]* WWC Number 1358
 Date 6-30-89

(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 6-30-89