

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

UMAT
 5657

APR 13 1992

6N/35E/27ac
 30330

(1) **OWNER:**
 Name Stadelman Fruit Inc Well Number: WATER RES
 Address P.O. Box 151 SALEM
 City Milton Free Water State OR Zip 97862

(9) **LOCATION OF WELL by legal description:**
 OREGON County Multnomah Latitude _____ Longitude _____
 Township 6 N or S, Range 35 E or W, WM.
 Section 27 SW 1/4 NE 1/4
 Tax Lot 00709 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rt #3 Box 52B
Milton Free Water, OR 97862

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

HOLE		SEAL		Material	From	To	Amount sacks or pounds
Diameter	From To	From	To				
14	0 18			Bentonite	-2	18	9
10	18 304						

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	19	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	-4	304		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19' 6"

(7) **PERFORATIONS/SCREENS:**

Perforations Method Sawed
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-60	304	3/16"	1440			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200+		304	1 hr.

Temperature of water 56° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom NO
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NO
 Depth of strata: _____

(10) **STATIC WATER LEVEL:**
34 ft. below land surface. Date 3-12-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 55

From	To	Estimated Flow Rate	SWL
55	60	6 GPM	
80	90	150 "	
140	160	180 "	
270	304	200+ "	34

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

Material	From	To	SWL
Sand	0	4	
Spill of Gravel	4	12	
Clay & Gravel	12	15	
Cement Gravel	15	304	34

30 Inch Dia Casing rounded around casing from -2 feet to land surface.
 4 sacks of cement

Date started 3-6-92 Completed 3-12-92

(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 575
 Signed Charles M. Sumner Date 4-1-92