

WALL
860

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

(START CARD) # 4883

WATER RESOURCES DEPT.

(1) OWNER: Well Number: WATER 90
Name Seaside Associates
Address PO Box 16063
City Seattle Wash State WASH Zip 98116

(9) LOCATION OF WELL by legal description:
SALEM OREGON
Township 25 N or S, Range 44E E or W, WM.
Section 3 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Forest Str.
Complex

(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 _____

(10) STATIC WATER LEVEL:
132 ft. below land surface. Date 6-21-89
Artesian pressure _____ lb. per square inch. Date _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No
Explosives used Yes No Type TR 2 Amount 6 sticks
Depth of Completed Well 300 ft.

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

From	To	Estimated Flow Rate	SWL
170	209	15	132'
210	290	15	132'

HOLE SEAL

Diameter	From	To	Material	From	To	Amount
12"	0	45'	Cement Slurry	5'	45'	32 sacks
8"	0	300'				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 48 ft. to 45 ft. Material SAND
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
River Run SAND & Gravel	0	43	
Cemented Gravel	43	62	
Cemented Gravel Large Boulders	62	84	
Red Clay & Rock	84	109	
Brown Basalt	109	156	
Grey Basalt	156	172	
Reddish Brown Clay & Rock	172	209	132
Brown Basalt	209	296	132
Grey Basalt	296	300	132

(6) CASING/LINER:
Casing: 8" 110 322 Steel Plastic Welded Threaded
6" 93 295 Steel Plastic Welded Threaded
8" 0 300 Steel Plastic Welded Threaded
Liner: _____
Final location of shoe(s) 8" 110 6" 295 6" @ 95 Top 6"

Date started 6-2-89 Completed 6-21-89

(7) PERFORATIONS/SCREENS:
 Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	200	4x4	45			<input checked="" type="checkbox"/>	<input type="checkbox"/>
275	295	4x4	45			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(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 _____ WWC Number _____
Date _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 25 Drawdown 60 Drill stem at _____ Time 4 hrs

(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 Robert N. Stoffel WWC Number 445
Date 6-21-89

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: _____