

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

WASH
 1314

JAN 15 1992

35/1w/3cd
 Page 1 of 2

WATER RESOURCES DEPT. (START CARD) # 36162

(1) OWNER: Well Number: 23
 Name Morse Brothers
 Address 12000 Tonquin Rd.
 City Sherwood State OR Zip 97140

LOCATION OF WELL by legal description:
 County Wash. Latitude _____ Longitude _____
 Township 3 N. or S. Range 1 E or W. WM.
 Section 3-B SE 1/4 SW 1/4
 Tax Lot 101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(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 _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18	Cement	0	18	14 Sacks

How was seal placed: Method A B C D E
 Other Poured from the top
 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"	+2	18	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-4	370	.250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
170	370	1/2x7	350	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
225	290	370	1 hr.

Temperature of water 57 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: _____

(10) STATIC WATER LEVEL:
80 ft. below land surface. Date 12/27/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
80	81	1 GPM	80
90	96	9 GPM	80
120	130	10 GPM	80
180	190	20 GPM	80

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Rock - Gray & Brown	0	4	
Rock - Red	4	6	
Rock - Gray	6	65	
Rock - Red & Gray	65	70	
Rock - Gray	70	73	
Rock - Gray & Brown	73	80	
Rock - Brown	80	83	80
Rock - Gray	83	90	
Rock - Gray & Brown - Broken	90	96	
Rock - Gray	96	120	
Rock - Gray & Brown - Broken			
- Some Cinders	120	130	
Rock - Gray & Black - Broken	130	141	
Rock - Gray	141	171	
Rock - Gray, Green & Brown			
- Broken	171	180	
Rock - Gray, Brown & Red			
- Broken	180	190	
Rock - Brown & Gray	190	195	
Rock - Brown - Broken	195	197	
Rock - Gray	197	210	
Rock - Gray & Brown	210	221	
Rock - Gray - Broken	221	225	

Date started 12/26/91 Completed 12/28/91

(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 663
 Signed _____ Date 1/5/92

(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.
 WWC Number 663
 Signed Robert C. Galt Date 1/5/92

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JAN 15 1992

WATER RESOURCES DEPT. (START CARD) # 36162

(1) OWNER:

Name Morse Brothers
Address _____
City _____ State _____ Zip _____

Well Number: 23 SALEM, OR 97306 (9) LOCATION OF WELL by legal description:

County _____ Latitude _____ Longitude _____
Township _____ N or S. Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(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 _____

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
					<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"/>
					<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 shoets) _____

(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 Bailor 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: _____

(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
195	197	15 GPM	80
210	221	5 GPM	80
225	235	35 GPM	80
260	265	5 GPM	80

(12) WELL LOG: (Continued Below)

Material	From	To	SWL
266	270	45 GPM	80
275	305	50 GPM	80
360	365	30 GPM	80

Rock - Brown, White & Gray - Broken	225	235	
Rock - Gray	235	260	
Rock - Gray & Red	260	265	80
Rock - Gray & Black	265	266	
Rock - Red & Gray - Some Cinders	266	270	
Rock - Gray	270	275	
Rock - Gray & Green - Broken	275	305	
Rock - Gray	305	320	
Rock - Gray - Broken	320	342	
Rock - Gray & Black	342	355	
Rock - Gray & Brown - Some Cinders	355	360	
Rock - Gray & Brown - Broken	360	365	
Rock - Gray	365	370	

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 _____ WWC Number _____
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.
Signed _____ WWC Number _____
Date _____