

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

RECEIVED

SEP - 9 1986

WATER RESOURCES DEPT

(1) OWNER:

Name Maurice Labrousse

Address 4759 13th Ave. N.

City Salem

State OR

Zip 97303

(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:

Depth of Completed Well 185' ft.

Special Standards date of approval

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
9 7/8"	0' 80'	Cement	0' 80'	28 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: 6"	+1'	87'	.025	☒	☐	☒	☐
Liner: 5"	55'	185'	.025	☒	☐	☒	☐

Final location of shoe(s) 80'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Torch
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100'	160'	1/2" x 1/4"	47	5"		☐	☐
170'	180'	1/2" x 1/4"	10	5"		☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Pumping level Drill stem at Time 1/4 hr

150 _____ 185' 1 hr

Temperature of water 52° 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 Washington Latitude _____ Longitude _____
Township 3-S N or S, Range 1-W E or W, WM.
Section 6 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Labrousse Rd.

(10) STATIC WATER LEVEL:

20' ft. below land surface.

Date 8/5/86

Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Top Soil	0	2		
Brown Sandy Clay	2	25		
Gray Sandy Clay	25	50		
Soft Brown Clay	50	56		
Med. Hard Brown Decomposed Basalt	56	65		
Hard Brown Broken Basalt	65	75		
Hard Blk. & Brwn. Basalt	75	100	100'	
Med. Hard Brown Broken Basalt	100	105		
Hard Blk. & Brwn. Basalt	105	125		
Med. Hard Brown Decomposed Basalt	125	150		
Hard Blk. & Brwn. Basalt	150	175	170'	
Hard Gray Basalt	175	185		

Date started 7/28/86 Completed 8/5/86

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed _____ Date 8/27/86

Company American States Ins. Co. Co. Job No. _____