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

WASH
 3173

WATER RESOURCES DEPT. # 46939
 SALEM, OREGON

(1) OWNER: Well Number _____
 Name MARVIN Delp Lanche
 Address 6560 N.W. Cornelius Schefflin Rd
 City Cornelius State OR Zip _____

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	8 mesh Bentonite	0	20	600 lb
6	20	100				

How was seal placed: Method A B C D E
 Other Poured Dry

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 68 ft. to 100 ft. Size of gravel 25/16 400/16

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	1 1/2	88'	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	-2	88'	50R 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 88'6"

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type MONOFLEX Material SC40

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
88'	100'	.030		4"	Screen	<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
10 +			1 hr.
10	31'6"		48

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 Silty
 Depth of strata: 78' - 84'

(9) LOCATION OF WELL by legal description:
 County WASH Latitude _____ Longitude _____
 Township 14N N or S. Range 3W E or W. WM. _____
 Section 15 NW 1/4 SW 1/4 _____
 Tax Lot 1500 Block _____ Subdivision _____
 Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 12 June
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 78 - 90

From	To	Estimated Flow Rate	SWL
78	84	4	50
90	100	10 +	15

(12) WELL LOG:
 Ground elevation 180

Material	From	To	SWL
Brown Silty Clay	0	5	
Brown Silty Clay	5	25	
Blue Silty Clay	25	78	
Blue Silty Clay + Fine SAND + wood	78	84	50
Blue Silty Clay	84	90	
Blue Gray med SAND + silt water bearing	90	101	15

Date started 10 June 93 Completed 12 June 93

(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 JON GUN WWC Number 1538
 Date 16 JUNE 93

(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 602
 Date 16 June 93