

18
STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

WASH
3765

RECEIVED

APR - 4 1994

18/4W/186a
57982
(START CARD) #

(1) OWNER: Well Number SALEM, OREGON
Name Bureau of Reclamation
Address 550 West Fort St.
City Boise State Idaho Zip 83724

(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 (Non-Community Park Services)

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 400 ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	BENTONITE	0	20	11
6	20	400				

How was seal placed: Method A B C D E
 Other poured
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	21	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	5	400		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
380	400		80	3/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 3.5 Drawdown Drill stem at 380 Time 1 hr.

Temperature of Water 61 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 13 N or S, Range 4 W E or W, WM.
Section 18 NE 1/4 NW 1/4
Tax Lot 4900 Lot Block Subdivision
Street Address of Well (or nearest address) 4300 S.W. West Shore Drive

(10) STATIC WATER LEVEL:
100 ft. below land surface. Date 3-24-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	133	3.5	100

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
BRN CLAY	2	14	
DRK GREY/BRN SHALE	14	40	
Lt GREY SHALE	40	42	
GREY/BRN SHALE	42	133	
BLUE/GREY SANDSTONE	133	173	100
DARK BRN SHALE	173	196	
GREY/BRN SHALE	196	360	
DARK GREY SHALE	360	368	
Lt GREY SANDSTONE	368	400	

Date started 3-23-94 Completed 3-24-94

(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 Dan Feakins WWC Number 715 Date 3-31-94