

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

WASH
 7691

RECEIVED

SEP 29 1989

(START CARD) # 13022 pg. 1
 2N/3W/36cd

(1) OWNER: Well Number: WATER 190 LOCATION OF WELL by legal description:
 Name Pumpkin Ridge Development, Inc. SALEM, OREGON
 Address One Southwest Columbia, Suite 1010
 City Portland State OR Zip 97258

County _____ Latitude _____ Longitude _____
 Township 2 N N or S, Range 3 W E or W, WM.
 Section 36 SE ¼ SW ¼
 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 583 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
17½	0	65	Cement	0	65	50 sacks
17½	65	200	Drill gel	65	200	
17½	200	224	Cement	200	224	25 sacks
14-3/4	224	232	Cement	224	232	" "

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
12"	+2	232	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Liner: _____

Final location of shoe(s) _____

(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

Yield gal/min	Drawdown	Drill stem at	Time
280	103.		24 xhr.
350	148		30 hr.
400	195		48 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:
 40 ft. below land surface. Date 9/21/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 245

From	To	Estimated Flow Rate	SWL
245	253	20 gpm	40
335	350	10 gpm	"
380	403	70 gpm	"
413	417	15 gpm	"

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Firm brown clay	1	4	
Soft brown silty clay	4	23	
Sticky light gray-brown clay	23	47	
Sticky red-brown clay	47	79	
Sticky light gray clay	79	97	
Sticky red-brown clay	97	136	
Sticky red clay	136	151	
Decomposed brown basalt	151	156	
Firm decomp. gray-brown basalt	156	160	
Interbedded red, brown & gray clay	160	170	
Soft decomposed brown basalt	170	191	
Firm decomposed brown basalt	191	218	
Firm gray-brown basalt	218	220	
Hard gray basalt	220	253	
Firm gray-black basalt	253	261	
Soft black basalt	261	268	
Firm gray-black basalt	268	289	
Hard gray basalt	289	299	
Firm gray basalt	299	305	
Soft gray-black basalt	305	312	
Firm gray basalt	312	316	

Date started 8/10/89 Completed 9/25/89

(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 _____
 Signed _____ 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.
 WWC Number 1266
 Signed _____ Date 9/27/89

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

RECEIVED Pumpkin Ridge Development
 2N/3W/36cd
 SEP 29 1989 (START CARD) # 13022 pg 2

(1) OWNER: Well Number: WATER RESOURCES
 Name _____
 Address _____
 City _____ State _____ Zip _____

(2) 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	
12"	232	552				
10"	552	583				

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(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 Bailer 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
434	443	20 gpm	40'
453	458	30 "	"
458	519	85 "	"
559	575	150 "	"

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Hard gray basalt	316	335	
Soft reddish-black basalt w/ green claystone (335-337)	335	350	
Hard gray basalt	350	403	
Firm gray-black basalt	403	417	
Hard gray basalt	417	430	
Soft gray-black basalt	430	443	
Firm gray-black basalt	443	447	
Soft gray-black basalt	447	453	
Hard gray basalt	453	458	
Soft gray-black basalt w/clay- stone	458	504	
Soft gray-green Claystone	504	508	
Firm gray-black basalt	508	519	
Wood	519	523	
Soft gray-green claystone	523	528	
Gray basalt w/gray claystone interbeds	528	533	
Hard gray basalt	533	559	
Firm gray-black basalt, occ. broken streak	559	583	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
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 WWC Number _____
 Signed _____ 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.
 WWC Number _____
 Signed _____ Date _____