

CURR
50458

32-15-4

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

WELL I.D. # L _____
START CARD # 111541

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 627
Name Arts Bussmann
Address PO Box 211
City Sixes State OR Zip 97476

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 70' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6"	0	70	Cement	0	70	13 SX

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: <u>N/A</u>				<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:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>N/A</u>						<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 _____ 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: _____

(9) LOCATION OF WELL by legal description:
County Curry Latitude _____ Longitude _____
Township 32 N or (S) Range 15 E or (W) WM.
Section 4 SW 1/4 (SW) NW 1/4
Tax Lot 3001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Childers Road Sixes

(10) STATIC WATER LEVEL:
NA 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
<u>25</u>	<u>35</u>	<u>MAR 0 2 1999</u>	<u>MAR 0 8 1999</u>
WATER RESOURCES DEPT. SALEM, OREGON		WATER RESOURCES DEPT. SALEM, OREGON	

(12) WELL LOG: Ground Elevation +/-300'

Material	From	To	SWL
TOP Soil	0	2	
Gravel Fine - med w/ Clay	2	5	
Brown			
Sandy Clay Lt Brown	5	10	
Sand Fine - cgs w/ Gravel	10	15	
Fine - med Gray Brown			
Sand Fine - cgs w/ Gravel	15	20	
Fine - med Orange			
Clay Orange	20	25	
Sand Fine - cgs w/ Gravel	25	35	
Fine - med + Sandy Clay Orange			
Sandy Clay Tan w/ Gravel	35	45	
Fine - med			
Clay Gray	45	48	
Siltstone (Blue Gray)	48	58	
Siltstone Blue Gray w/ Shell	58	78	
Well Abandon Due to insufficient Water Quantity			

Date started 2/25/99 Completed 2/26/99
(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Borden Well Septic Co Inc 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Jim Mack Sr. MOWC WWC Number 1493 Date 3/1/99

RECEIVED BY OWRD

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

RECEIVED

OCT 15 1993

T325/R15W/4/NW/SW
CB

WATER RESOURCES DEPT. (START CARD) # 58855

CURT
1579

(1) OWNER:

Name Jim Bussman
Address 9266a Childers Rd (P.O. Box 211)
City Sixes State OR Zip 97476

Well Number 238

(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 802' ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	pounds
12"	0 24	Bentonite	0 24	28	SK
8"	24 802'				

How was seal placed: Method A B C D E

Other Poured from Surface

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"	+1	54'11"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 Telescope
 Screens Type Johnson Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
53'11"	59'10"	.035		8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
59'10"	65'1"	.040		8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
65'1"	70'4"	.035		8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
70'4"	80'2"			6"	Pipe	<input checked="" 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
106 gpm	1'	60'	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 CURRY Latitude _____ Longitude _____
Township 32S N or S. Range 15 W E or W. WM.
Section 4 NW SW SE
Tax Lot 3501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 9266a Childers Rd. Sixes OR 97476

(10) STATIC WATER LEVEL:

31'3" ft. below land surface. Date 10/9/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 31'

From	To	Estimated Flow Rate	SWL
31	69	10+	

(12) WELL LOG:

Ground elevation +/- 300'

Material	From	To	SWL
Fill	0	5	
Sand Fine Brown	5	9	
Gravel w/ sand med Brown	9	30	
Sand w/ Gravel Fine Brown	30	45	31'3"
Sand Fine w/ med Gravel w/ med	45	50	
Gravel med w/ Fine Sand Ben	50	53	
Gravel med coarse w/ med	53	69	
Sand Orange			
Gray Clay w/ wood	69	80'	

RECEIVED BY OWRD

JAN 14 2015

SALEM, OR

Date started 10-08-93 Completed 10/13/93

(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.

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 493

Signed Jim Moeckel Date 10/14/93

MAY 19 2004

32-15-4
WELL I.D. # L 66595
START CARD # 163989

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

WATER RESOURCES DEPT
SALEM, OREGON

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number 974
Name Bussmann Cranberry Company
Address PO Box 211
City Sixes State OR Zip 97476

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 80' 2"
Explosives used Yes No Type TOC Amount TOC

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
8"	0	80' 2"	Previously installed			
			NO DISTURBED			

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
8"	+1	59' 10"	250	X	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previously installed NOT Disturbed							
6"	70' 4"	80' 2"	250	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: Tei Pipe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Telescope
 Screens Type Johnson Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
58' 11"	59' 10"	1035	1	8"	Tei	<input type="checkbox"/>	<input type="checkbox"/>
59' 10"	65' 1"	1040		8"	Tei	<input type="checkbox"/>	<input type="checkbox"/>
65' 1"	70' 4"	1035		8"	Tei	<input type="checkbox"/>	<input type="checkbox"/>
Previously installed NOT Disturbed							

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

Flowing	Yield gal/min	Drawdown	Drill stem at	Time
<input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Artesian	250	10'	60'	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: _____

Bardon Well & Septic Co., Inc.

(9) LOCATION OF WELL by legal description:
County Curry Latitude _____ Longitude _____
Township 32 N or S Range 15 E or W M.
Section 4 NW 1/4 SW 1/4
Tax Lot 301 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 92662 Childers Rd. Sixes

(10) STATIC WATER LEVEL:
32' 4" ft. below land surface. Date 5/7/04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 32' 4"

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Well originally Drilled 10/13/93.			
Removed Pump. Surged + Tested Screen with air + water due to decrease in flow.			
Removed Fine sand and developed until clear			
Reinstalled Pump			
RECEIVED BY OWRD			
JAN 14 2015			
SALEM, OR			

Date started 5/7/04 Completed 5/7/04

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Chris Reary WWC Number 1759 Date 5/12/04

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Jon Mathis WWC Number 1493 Date 5/12/04