

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

BAKE
(1753) WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 0786

(1) OWNER:

Name BRUCE & DORIS LINDLEY Well Number: _____
Address P.O. Box 452
City HELFWAY State OR Zip 97839

(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 141 ft.
Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	CEMENT	0	19	8
6	19	145				

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	39	2.50	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4 1/2	31	141	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 39

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Slotted Pipe
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
122	140	9	34	4 1/2	4 1/2	☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Artesian

Yield gal/min	Drawdown	Drill stem at	Time
7	95	145	1 hr.

Temperature of water 54 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: 50

(9) LOCATION OF WELL by legal description:

County RAISER Latitude _____ Longitude _____
Township 7 North Range 46 E or W, WM.
Section 19 SE 1/4 SW 1/4
Tax Lot 903 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

50 ft. below land surface. Date 5-19-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	57	1/2	50
141	145	7	30

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Red CLAY	0	28	
SCORR ROCK	28	50	
GRAVEL - 1/4" D	50	51	50
SCORR ROCK	51	141	
GRAVEL - Med - 7/8" D	141	145	50

Date started 5-17-89 Completed 5-19-89

(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 571
Signed 73442/90d Date 5-19-89