

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

*Boke
1780*

RECEIVED

JUL 10 1989

(START CARD) #

*95/40E/19d
2296*

(1) **OWNER:** Name Robert T P Ellingson - III Well Number: WA 1780
 Address P.O. Box 864
 City BALZER State ORC Zip 977814

(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 TEST well

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 360 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	19 362			

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:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	+1	19	1.250	<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) NO-19

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	122	362	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: 265

(9) **RECORD LOCATION OF WELL by legal description:**
 County OREGON Latitude _____ Longitude _____
 Township 9S North Range 40 East or W, WM.
 Section 19 NE 1/4 SE 1/4
 Tax Lot 5009 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3975 INDIANA Ave

(10) **STATIC WATER LEVEL:**
240 ft. below land surface. Date 7-12-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 265

From	To	Estimated Flow Rate	SWL
265	267	2	240
285	292	46	240

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
CLAY & ROCK	0	5	
BASALT + CLAY	5	75	
BASALT	75	265	
SCORI - M-B	245	267	240
BASALT	267	285	
GRAVEL - Med - M-B	285	292	240
BASALT	292	360	
GRANITE	360	362	

Date started 6-27-89 Completed 7-12-89

(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.
 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 Melroy Dennis WWC Number 591
 Date 7-12-89