

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

BAKE
2/37

MAY 12 1995

12s/43e/11bb

WATER RESOURCES DEPT. (START CARD) # 74528
 SALEM, OREGON

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

(1) OWNER: Well Number _____

Name Fish Grove Cement Co
 Address PO Box 287 330 Cement Plant Rd
 City Durkee State OR Zip 97905

(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 65 ft.
 Explosives used Yes No Type TR2 Amount 1 stick

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>16</u>	<u>0</u>	<u>26</u>	<u>Cement Slurry</u>	<u>0</u>	<u>26</u>	<u>37 Sacks</u>
<u>12"</u>	<u>26</u>	<u>66</u>				

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>12</u>	<u>30"</u>	<u>35"</u>	<u>200</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>DONE</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 28' 12"

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type JOHNSON Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>33</u>	<u>63</u>	<u>.060</u>		<u>11"</u>	<u>11"</u>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>220</u>	<u>24</u>		<u>24</u> hr.
<u>310</u>	<u>29</u>		
<u>460</u>	<u>45</u>		

Temperature of water 54.5° 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 BAKER Latitude _____ Longitude _____
 Township 12S N or S Range 43E E or W. WM. _____
 Section 11 N or 1/4 NE1/4 1/4 _____
 Tax Lot 2000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 330 Cement Plant Rd Durkee OR

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 5-9-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
<u>30</u>	<u>35</u>	<u>100</u>	
<u>40</u>	<u>45</u>	<u>400</u>	<u>17</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Yellow Clay (Broken Rock)</u>	<u>0</u>	<u>30</u>	
<u>SAND & GRAVEL</u>	<u>30</u>	<u>35</u>	
<u>SAND & GRAVEL Yellow Clay</u>	<u>35</u>	<u>40</u>	
<u>SAND & GRAVEL (Clean)</u>	<u>40</u>	<u>45</u>	
<u>SAND & GRAVEL Yellow Clay</u>	<u>45</u>	<u>59</u>	<u>17</u>
<u>Blue Sandy Clay</u>	<u>59</u>	<u>65</u>	<u>17</u>

Date started 4-20-95 Completed 5-9-95

(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.
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 415
 Signed Robert V. Stoffel Date 5-9-95