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

WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 71251

8 BAKE 2140

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

(1) OWNER: Well Number \_\_\_\_\_

Name CAL WORTHINGTON Address 3915 FLORIDA Rd City SA CRAMENTO State CALIF Zip 97823

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 405 ft. Explosives used [ ] Yes [X] No Type \_\_\_\_\_ Amount \_\_\_\_\_

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Row 1: 16, 0, 18, BENTONITE, 0, 18, 30. Row 2: 12, 18, 405, , , , .

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [ ] Other DRY BENTONITE Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 12, +2, 258, 250, [X], [ ], [X], [ ]. Liner: [ ], [ ], [ ], [ ], [ ], [ ], [ ], [ ].

Final location of shoe(s) 259

(7) PERFORATIONS/SCREENS: [X] Perforations Method DOWN HOLE PERFORATOR [ ] Screens Type \_\_\_\_\_ Material \_\_\_\_\_ Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 40, 259, 1", 4570, 1/4, [ ], [X], [ ].

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

Table with columns: Pump, Bailer, Air, Artesian, Yield gal/min, Drawdown, Drill stem at, Time. Row 1: [ ], [ ], [X], [ ], 1000, 390, 405, 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? [X] Too little [ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other \_\_\_\_\_ Depth of strata: 40

(9) LOCATION OF WELL by legal description: County BAKER Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Township 7 N or S Range 39 E or W. WM. Section 15 SE 1/4 SE 1/4 Tax Lot 2900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Street Address of Well (or nearest address) NONE

(10) STATIC WATER LEVEL: 19 ft. below land surface. Date 5-3-95 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES: Depth at which water was first found 40

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 40, 41, 2, 18. Row 2: 110, 118, 400, 18. Row 3: 130, 137, 200, 18. Row 4: 140, 165, 200, 25. Row 5: 190, 200, 200, 18.

(12) WELL LOG: Ground Elevation \_\_\_\_\_

Table with columns: Material, From, To, SWL. Row 1: TOP SOIL, 0, 1, . Row 2: CLAY BROWN, 1, 3, . Row 3: 1/2 Red, 3, 40, . Row 4: SAND - M-D, 40, 41, 18. Row 5: CLAY yellow, 41, 110, . Row 6: SAND FINE M-B, 110, 260, 18. Row 7: SAND STONE, 160, 304, . Row 8: GRANITE, 409, 405, .

Date started 3-27-95 Completed 5-3-95

(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. 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 water supply well construction standards. This report is true to the best of my knowledge and belief. Signed \_\_\_\_\_ WWC Number 591 Date 5-3-95