

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

Bent
844

14s/7w/26bb
 36865

(START CARD) #

(1) OWNER: Well Number _____
 Name USDI Bureau of Land Mng.
 Address 1717 Fabry Road SE.
 City Salem State OR Zip 97306

(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 230 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	54'	Cement	0'	54'	20 Sacks
6"	54'	230'				

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'	54'	.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) None

PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
4 Gpm	71 ft.		1 hr. 2 hrs.

Temperature of Water 55° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom Alpine Pump
 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 Benton Latitude _____ Longitude _____
 Township 14S N or S. Range 7W E or W. WM. _____
 Section 26 NW 1/4 NW 1/4
 Tax Lot 085 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1/2 mi. west of Olson Falls Camp Ground

(10) STATIC WATER LEVEL:
92 ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 97 ft.

From	To	Estimated Flow Rate	SWL
97'	98'	2 Gpm	92'
192'	193'	2 Gpm	92'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	0
Brown Clay	2	10	0
Red Clay	10	18	0
Brown Clay-Weathered	18	48	0
Blue Basalt	48	230	92'

Date started 12/9/91 Completed 12/13/91

(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 Kurt D. Muntz WWC Number 1411
 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 Donald J. Joving WWC Number 751
 Date 12/28/91