

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

BENT
905

RECEIVED

JUN - 2 - 1992

13S/7W/20d

WATER RESOURCES DEPT. (START CARD) # 39475

(1) OWNER: Well Number _____
Name OREGON DEPT. OF FISH & WILDLIFE
Address 2501 S.W. FIRST AVENUE PO BOX 59
City PORTLAND State OREGON Zip 97207

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	CEMENT	0	18	28
6	18	108				
6	108	113	CEMENT	108	113	1
6	113	381	GRAVEL	113	381	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 113 ft. to 381 ft. Size of gravel GRIT

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	24	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 24

(7) PERFORATIONS/SCREENS: NA
 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 Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	5 1/2		1 hr.
10	6		2 HR.
20	15		4 HR.

Temperature of Water 55 Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom D.F.W.

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 13S N or S. Range 7W E or W. WM. _____
Section 20 1/4 SE 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29050 FISH
HATCHERY RD PHILOMATH OR. 97370

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date 5-21-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
22	24	20	7

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
SOIL	0	3	
BROWN SILTY CLAY W/BLDRS	3	8	
BROWN CLAY W/LRG BLDRS	8	16	
BLUE BASALT BKN W/WATER	16	24	7
GREY SANDSTONE	24	381	

Date started 5-6-92 Completed 5-19-92

(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 _____ Date _____ WWC Number _____

(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 *Arnold N. [Signature]* WWC Number 1238
Date 5-23-92