

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

OCT -4 1990  
WATER RESOURCES DEPT.  
SALEM, OREGON

(START CARD) # 21855

(1) OWNER: Well Number: \_\_\_\_\_  
Name Dr. Nellie Stark  
Address RT. 2 E. Voro Hill  
City Missoula State MT. Zip 59802

(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 210 ft.  
Explosives used ☐ Yes ☐ No ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL     |      |    | Amount<br>sacks or pounds |
|----------|------|-----|----------|------|----|---------------------------|
| Diameter | From | To  | Material | From | To |                           |
| 10"      | 0    | 19  | Concrete | 0    | 19 | 7                         |
| 6"       | 19   | 210 |          |      |    |                           |

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"       | 41   | 19 | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

Final location of shoe(s) \_\_\_\_\_

(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"/> |
|      |    |           |        |          |                | <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 16 Drawdown 206 Drill stem at 209 Time 1 hr.

Temperature of water 51 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 Denton Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 11 N or S Range 6 E or W M.  
Section 14 1/4 1/4  
Tax Lot 201 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Blakesley CR.  
RD. Philomath, Oreg. 97370

(10) STATIC WATER LEVEL:  
3 ft. below land surface. Date 9-15-90  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 192

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 192  | 196 | 16 gal/min          | 3'  |
|      |     |                     |     |
|      |     |                     |     |

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

| Material                                  | From | To  | SWL |
|-------------------------------------------|------|-----|-----|
| Brown clay on broken brown rock           | 0    | 4   |     |
| broken brown sandstone                    | 4    | 8   |     |
| gray basalt                               | 8    | 12  |     |
| gray and black basalt                     | 12   | 40  |     |
| gray basalt white little stone            | 40   | 150 |     |
| black basalt on white quartz on limestone | 150  | 210 | 3'  |
|                                           |      |     |     |
|                                           |      |     |     |
|                                           |      |     |     |
|                                           |      |     |     |

Date started 9-12-90 Completed 9-15-90

(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 R. McArthur WWC Number 1271  
Date 10-3-90