

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

RECEIVED

DEC 13 1991

(START CARD) #

clae
17178

2S/4E/6
33013

(1) OWNER:
Name *V Rail G. Wells* Well Number: *WATER RESOURCES DEPT CHECK*
Address *31980 SE. DAPHNE CT. SALEM, OREGON* Latitude _____ Longitude _____
City *Bourne, Ore.* State *OR.* Zip *97109*

(9) LOCATION OF WELL by legal description:
Township *2* Nor S. Range *4E* E or W. WM. _____
Section *6* 1/4 _____ 1/4 _____
Tax Lot *501* Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) *29750 SE Hwy 212 BOURNE, Ore 97109*

(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 _____

(10) STATIC WATER LEVEL:
8' ft. below land surface. Date *12/12/91*
Artesian pressure _____ lb. per square inch. Date _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No _____ Depth of Completed Well *85'* ft.
Explosives used Yes No _____ Type _____ Amount _____

(11) WATER BEARING ZONES:
Depth at which water was first found *75'*

From	To	Estimated Flow Rate	SWL
<i>75'</i>	<i>81'</i>	<i>606 PM</i>	<i>49'</i>

HOLE SEAL

Diameter	From	To	Material	From	To	Amount sacks or pounds
<i>10" D</i>	<i>0</i>	<i>42'</i>	<i>concrete</i>	<i>0</i>	<i>42'</i>	<i>16 sacks</i>
<i>6" D</i>	<i>42'</i>	<i>85'</i>	<i></i>			

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 _____

(12) WELL LOG: Ground elevation *700'*

Material	From	To	SWL
<i>TOP SOIL</i>	<i>0</i>	<i>2'</i>	<i>-</i>
<i>CLAY YELLOW</i>	<i>2</i>	<i>18</i>	<i>0</i>
<i>CHALK BOULDERS</i>	<i>18</i>	<i>31</i>	<i>0</i>
<i>CEMENTED GRAVEL</i>	<i>31</i>	<i>75</i>	<i>17</i>
<i>SAND & GRAVEL</i>	<i>75</i>	<i>81</i>	<i>7</i>
<i>BOULDERS</i>	<i>81</i>	<i>85</i>	<i>7</i>

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>6"</i>	<i>18'</i>	<i>78'</i>	<i>250</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____
Final location of sheets: _____

(7) PERFORATIONS/SCREENS:
 Perforations Method *N/A*
 Screens Type *20* Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min *606 PM after NTR. with 41' Draw Down* Drawdown _____ Drill stem at _____ Time *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? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

Date started *9/17/91* Completed *12/11/91*
(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 _____ 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 *Brad Bount* WWC Number *755* Date *12/12/91*