

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

CLnC
 07714

AUG 18 1987

WATER RESOURCES DEPT.
 SALEM, OREGON

25/8E-19da

(1) OWNER: Well Number: #1
 Name Riley Horse Camp
 Address Zigzag Ranger Station
 City Zigzag OR 97073 State _____ Zip _____

(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 park

(5) BORE HOLE CONSTRUCTION:
 Soil Construction approval Yes No Depth of Completed Well 70' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
8"	0	40	cement	0	-40	18 sks
8"	40	70				

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:	8"	+1	40	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	+1	55'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 55'

PERFORATIONS/SCREENS:

Perforations no Method _____
 Screens Type telescope Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
55	70	20		6"		<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
18	4		1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? no Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other no
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Clackamas Latitude _____ Longitude _____
 Township T8S 2 N or S, Range 8E E or W, WM.
 Section 19 NE ¼ SE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Zigzag Ranger Station
Zigzag OR 97073

(10) STATIC WATER LEVEL:
 _____ 22 _____ ft. below land surface. Date 8/5/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 52

From	To	Estimated Flow Rate	SWL
52	70		22

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
gray sandy soil- lg. boulders	0	11	
brown coarse sandstone	11	52	
multi-color coarse sand & gravel (WB)	52	70	22

Date started 8/3/87 Completed 8/5/87

(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 [Signature] WWC Number 570
 Date 8/16/87