

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

CDU
571

NOV 27 1992
 WATER RESOURCES DEPT.
 SALEM OREGON

7N/3W/156
 (START CARD) # *20616*

(1) OWNER: Well Number: *2*
 Name *Joh Drake*
 Address *25196 Alston Rd.*
 City *Rainier* State *OR* Zip *97048*

(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 *183* ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		Amount sacks or pounds
Diameter	From	To	Material	From To	
<i>8 1/2"</i>	<i>0</i>	<i>83</i>			
<i>6"</i>	<i>83</i>	<i>183</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 _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<i>4 1/2"</i>	<i>7'</i>	<i>183, 190</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method *Drill Bitt*
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>105</i>	<i>180</i>		<i>80</i>	<i>7/16"</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min *20* Drawdown _____ Drill stem at *179* Time *1 hr.*

Temperature of water *51°* Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom *Ron Edgell*
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other *ND*
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County *Columbia* Latitude _____ Longitude _____
 Township *3N* Nor S. Range *45W3W* E or W. WM.
 Section *8 15* NW 1/4 *NW 1/4*
 Tax Lot *701* Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) *Price Rd.*

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date *9-4-92*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found *153*

From	To	Estimated Flow Rate	SWL
<i>153</i>	<i>159</i>	<i>2.0</i>	<i>45</i>

(12) WELL LOG: Ground elevation *200 ft.*

Material	From	To	SWL
<i>Cobbles Grey</i>	<i>83</i>	<i>115</i>	<i>D</i>
<i>Rock With Cobbles</i>	<i>115</i>	<i>142</i>	<i>D</i>
<i>Basalt Greyish-Brn.</i>	<i>142</i>	<i>153</i>	<i>D</i>
<i>Basalt Water Bearing</i>	<i>153</i>	<i>159</i>	<i>45</i>
<i>Basalt Greyish Brn</i>	<i>159</i>	<i>183</i>	<i>45</i>

RECEIVED
SEP 29 1992
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started *9-2-92* completed *9-4-92*

(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 *Ron Edgell* Date *9-20-92* WWC Number *515*