

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

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6-13569

(START CARD) #

WATER RESOURCES DEPT.

(1) OWNER: Warren Water Association
 Name Warren Water Association
 Address P.O. Box 8
 City Warren State OR Zip 97053

(9) LOCATION OF WELL by legal description:
 County Columbia Latitude _____ Longitude _____
 Township 4N N or S. Range 2W E or W. WM. _____
 Section 26 NW 1/4 SE 1/4
 Tax Lot 010-02191 Block _____ Subdivision _____
 Street Address of Well (or nearest address) Oester Road
> Panarama Well

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	155	Cement + Bentonite	0	155	106
8	155	575				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	8	12	155	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
190		590	2 hr
			1 hr.

Temperature of Water 50 Depth Artesian Flow Found _____
 Was a water analysis done? Yes No By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:
125 ft. below land surface. Date 12-14-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 178

From	To	Estimated Flow Rate	SWL
178	236	30	125
435	470	30	125
500	525	130	125

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
BRN CLAY	0	27	
BLU CLAY	27	39	
BRN CLAY	39	100	
Cemented Gravel	100	109	
Weathered Rock	109	124	
SEAMY GRAY ROCK	124	178	
BRN ROCK	172	236	125
BLACK ROCK	236	255	
GRAY ROCK	255	292	
SEAMY GRAY ROCK	292	303	
GRAY ROCK	303	435	
BRN ROCK	435	470	125
DARK BRN ROCK	470	474	
DARK GRAY ROCK	474	480	
BRN ROCK	480	498	
GRAY ROCK	498	575	125

Date started 11-23-92 Completed 12-14-92

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 715
 Signed Don Feaker Date 12-14-92