

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

COLU
 928

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 7N/3W/1566
 W 20623

WATER: WATER SEPT.

(1) OWNER: Name JOHN DRAKE Well Number: SAL
 Address RT 1 BOX 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 65 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	39	CEMENT	0	39	15
6"	39	65				

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	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5	25	65	190	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method DRILL BITT
 Screens Type PVC Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
32	62		40	7/16 x 7/16		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30		60	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 51 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom TIM LAPHAM
 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 COLUMBIA Latitude _____ Longitude _____
 Township 7 N N or S, Range 3 W E or W, WM.
 Section 15 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) RT 1 BOX 25196 ALSTON RD.

(10) STATIC WATER LEVEL:
31 ft. below land surface. Date 9-14-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
47	65	30	31

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
CLAY BROWN	0	2	
CLAY LIGHT BROWN	2	5	
CLAY BROWN	5	15	
CLAY DARK BROWN	15	18	
CLAY W/BROKEN ROCK BROWN	18	24	
CLAY W/COAL DARK BROWN	24	30	
BROKEN ROCK W/CLAY BROWN	30	32	
ROCK BROWN	32	47	
BROKEN ROCK BROWN	47	65	

Date started 9/13/94 Completed 9/14/94

(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 [Signature] WWC Number 1624
 Date 9/23/94

(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 WELL DRILLING INC. WWC Number 515
 Date 9/23/94