

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

112-5 511
 STATE OF OREGON

Handwritten: CROOK 232

Handwritten: 14S/16E/30 dc

(START CARD) # 19658

(1) OWNER: Well Number: 523
 Name MARVIN JENSEN
 Address PO BOX 356
 City PRINEVILLE State ORE Zip 97754

(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 280' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	245	CEMENT	0	225	10
8"	245	260	BENTONITE	225	245	50
6"	260	280				

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"	+6"	245	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	+1	260	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shots: _____

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
250	260	6"x1/2"	30	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 100 Drawdown 21' Drill stem at _____ Time 1 hr.

Temperature of water 53° Depth Artesian Flow Found 245-260
 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: _____

(9) LOCATION OF WELL by legal description:
 County CROOK Latitude _____ Longitude _____
 Township 14S N or S. Range 16E E or W. WM.
 Section 30 SW 1/4 SE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) MARTINGALE

(10) STATIC WATER LEVEL:
49 ft. below land surface. Date 4-20-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 49

From	To	Estimated Flow Rate	SWL
49	81	30	49
245	260	300	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SANDY TOP SOIL	0	1	
SANDY	1	15	
BOULDER & CLAY CEMENTED	15	47	
TAN CLAY	47	81	
BLUE SANDY CLAY	81	180	
BLUE CLAY	180	245	
RED ROCK & GREEN	245	251	
BLACK SAND	251	254	
GRAVEL	254	265	
BROWN CLAY	265	270	
GREEN CLAY	270	280	

Date started 2-5-90 Completed 4-20-90

(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 584
 Signed Danny Maphis Date 4-20-90