

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

*C200
2604*

14S/14E/8 Ca

(START CARD) # 27933

(1) OWNER:
 Name Cascade Farms
 Address Rt 1 Box 46
 City Terrebonne, State Or Zip 97760
 Well Number: # 3

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0 23	Bentonite	0 23	16
12"	23 155			

How was seal placed: Method A B C D E
 Other Poured down dry
 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: 12"	+2	23	.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 shoets) _____

(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"/>
						<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
525	8		48 1 hr.

Temperature of water 61 Depth Artesian Flow Found _____
 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 Cook Latitude _____ Longitude _____
 Township 14S N or S. Range 14E E or W. WM.
 Section 8 NE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
72 ft. below land surface. Date 3/28/91
 Artesian pressure 0 lb. per square inch. Date 3/28/91

(11) WATER BEARING ZONES:

Depth at which water was first found 72

From	To	Estimated Flow Rate	SWL
72	155		72

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	8	
Yellow Clay	8	32	
Hard Gray Basalt	32	85	
Broken Vasicular Basalt	85	90	
Broken Vasicular Basalt w/Yellow Clay	90	112	
Broken Basalt W/Coarse Vasicular	112	155	

RECEIVED
APR 29 1991
WATER RESOURCES DEPT.
SALM, OREGON

Date started 3/27/91 Completed 3/28/91

(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 Bill Camp WWC Number 1555
 Date 4/23/91

(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 Robert Buckner WWC Number _____
 Date _____