

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

CROOK 34
RECEIVED
 JUL 20 1990

14S/14E/18db

(START CARD) # 20400

(1) OWNER:
 Name Cascade Farms
 Address Wilcox Road
 City Terrebonne State OR. Zip _____

WATER RESOURCES DEPARTMENT
 Well Number _____
LOCATION OF WELL by legal description:
 County Crook Latitude _____ Longitude _____
 Township 14S N or S, Range 14E E or W, WM.
 Section 18 NW ¼ SE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(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 test well

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 195 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12 in.	0	20	Bentonite	0	20	9
8 in.	20	195				

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	Steel		Plastic		Welded	Threaded
					Steel	Plastic	Steel	Plastic		
Casing:	8 in.	0	20	,250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
						<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
			1 hr.

Temperature of water _____ 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: _____

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 7-8-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 75 feet

From	To	Estimated Flow Rate	SWL
75 feet	195 feet	550gpm	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Hard gray basalt			
Top soil	0	4	
Hard gray basalt	4	55	
Soft red basalt	55	59	
Hard gray basalt	59	75	
Medium red basalt	75	83	
Hard gray basalt	83	95	
Hard gray basalt	95	115	
Clay + conglomerate	115	135	
Medium gray basalt	135	150	
Clay + conglomerate	150	159	
Gray basalt	159	170	
Black conglomerate	170	185	
Hard gray basalt	185	195	

Date started 7-8-90 Completed 7-8-90

(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.
 Signed [Signature] WWC Number _____ 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.
 Signed Robert Buckner WWC Number 1385 Date _____