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135/19E/3 DCD
 6428

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

NOV 16 1988

(START CARD) #

(1) OWNER: **WATER RESOURCES DEPT**
 Name **COLLEGE HEALTH ENTERPRISES ALLEM, OREGON**
 Address **7711 CENTER AVE SUITE 300**
 City **HUNTINGTON BEACH** State **CALIF** Zip **92647**

(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 **323** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	25	CEMENT	0	25	15
8"	25	323				

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				Welded		Threaded	
					Plastic	Welded	Threaded	Welded	Threaded	Welded	Threaded	
Casing:	8	+2	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	-3	323	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method **FACTORY**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
103	123	1/4x3	228	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
143	163	1/4x3	228	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
183	203	1/4x3	228	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
223	243	1/4x3	228	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
263	283	1/4x3	228	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min **20** Drawdown **UNKNOWN** Drill stem at **320** 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: _____

(9) LOCATION OF WELL by legal description:
 County **CROOK** Latitude _____ Longitude _____
 Township **13S** Nor S. Range **19E** E or W, WM.
 Section **3** **S2SE** 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **463001 E. Highway (MARKS CREEK) 26**

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date **8-8-88**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **10**

From	To	Estimated Flow Rate	SWL
10	11	1 pt./min	10
107	114	20 gpm	30

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Brown Clay	1	5	
Yellow Clay	5	12	
Grey Clay	12	41	
Light Grey Clay	41	59	
Yellow Claystone	59	60	
Red Clay	60	96	
Green Rock	96	107	
Hard Black Rock	107	114	30
Grey Clay with Rock Seams	114	158	
Red Clay	158	215	
Green Clay with Calcite Seams	215	323	

Date started **7-28-88** Completed **8-8-88**

(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 **Darrell Meyer** Date **8-8-88**