

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

CURRY
1579

RECEIVED

OCT 15 1993

T325/R15W/4/NW/SW
58855
CB

WATER RESOURCES DEPT. (START CARD) # 58855

(1) OWNER: Well Number *238*

Name *JIM BUSSMAN*
Address *92662 CHILDERS RD (P.O. Box 211)*
City *SIXES* State *OR* Zip *97476*

(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 *80'2"*
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<i>12"</i>	<i>0</i>	<i>24</i>	<i>Bentonite</i>	<i>0</i>	<i>24</i>	<i>28 SK</i>
<i>8"</i>	<i>24</i>	<i>80'2"</i>				

How was seal placed: Method A B C D E
 Other *Poured from surface*

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	<i>8"</i>	<i>+1</i>	<i>54'11"</i>	<i>.250</i>	<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 shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method *Telescope*
 Screens Type *Johnson* Material *Stainless Steel*

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>53'11"</i>	<i>59'10"</i>	<i>.035</i>		<i>8"</i>	<i>Tele</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>59'10"</i>	<i>65'11"</i>	<i>.040</i>		<i>8"</i>	<i>Tele</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>65'11"</i>	<i>70'4"</i>	<i>.035</i>		<i>8"</i>	<i>Tele</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>70'4"</i>	<i>80'2"</i>			<i>6"</i>	<i>Pipe</i>	<input checked="" 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
<i>10 GPM</i>	<i>1'</i>	<i>60'</i>	<i>1 hr.</i>

Temperature of Water *52°* 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 *CURRY* Latitude _____ Longitude _____
Township *32S* N or S. Range *15W* E or W. WM. _____
Section *4* NW ¼ SW ¼ _____
Tax Lot *3001* Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) *92662 CHILDERS RD. SIXES OR 97476*

(10) STATIC WATER LEVEL:
31'3" ft. below land surface. Date *10/9/93*
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found *31'*

From	To	Estimated Flow Rate	SWL
<i>31</i>	<i>69</i>	<i>10+</i>	

(12) WELL LOG:

Ground elevation *+/- 300'*

Material	From	To	SWL
<i>Fill</i>	<i>0</i>	<i>5</i>	
<i>Sand Fine Brown</i>	<i>5</i>	<i>9</i>	
<i>Gravel w/sand med Brown</i>	<i>9</i>	<i>30</i>	
<i>Sand w/Gravel Fine Brown</i>	<i>30</i>	<i>45</i>	<i>31'3"</i>
<i>Sand Fine w/med Gravel wood</i>	<i>45</i>	<i>50</i>	
<i>Gravel med w/Fine Sand Ben</i>	<i>50</i>	<i>53</i>	
<i>Gravel med coarse w/med</i>	<i>53</i>	<i>69</i>	
<i>Sand Orange</i>			
<i>Gray Clay w/wood</i>	<i>69</i>	<i>80'</i>	

Date started *10-08-93* Completed *10/13/93*

(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 *1493*
Signed *Jan Mock Li* Date *10/14/93*