

CURR
50458

32-15-4

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

WELL I.D. # L _____
START CARD # 111541

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 627
Name Julius Bussmann
Address PO Box 211
City Sixes State OR Zip 97476

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 78' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
6"	0	78	Cement	0	78	13 SX

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: <u>N/A</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>N/A</u>						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
<u>N/A</u>			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 Curry Latitude _____ Longitude _____
Township 32 N or (S) Range 15 E or (W) WM.
Section 4 SW 1000 1/4 (SW) NW 1/4
Tax Lot 3001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Childers Road Sixes

(10) STATIC WATER LEVEL:
NA ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>25</u>	<u>35</u>		

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(12) WELL LOG: Ground Elevation +/-300'

Material	From	To	SWL
TOP Soil	0	2	
Gravel Fine - med w/ Clay	2	5	
Brown			
Sandy Clay Lt Brown	5	10	
Sand Fine - CRS w/ Gravel	10	15	
Fine - med Gray Brown			
Sand Fine - CRS w/ Gravel	15	20	
Fine - med Orange			
Clay Orange	20	25	
Sand Fine - CRS w/ Gravel	25	35	
Fine - med + Sandy Clay Orange			
Sandy Clay Tan w/ Gravel	35	45	
Fine - med			
Clay Gray	45	48	
Siltstone Blue Gray	48	58	
Siltstone Blue Gray w/ Shell	58	78	

Well Abandon Due to insufficient water quantity

Date started 2/25/99 Completed 2/26/99

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Borden Well Septic Clinic 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Jim Mach WWC Number 1493 Date 3/1/99