

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

RECEIVED
 Deso 1036
 SEP 16 1991

155/10E/3 bb
 32823 labeled

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) #

(1) OWNER:
 Name Everett Alan Melton
 Address 17310 Kent Rd
 City Sisters State Ore Zip 97759

(9) LOCATION OF WELL by legal description:
 County Des Latitude _____ Longitude _____
 Township 15 S N or S. Range 10 E E or W. WM.
 Section 3 NW 1/4 NW 1/4
 Tax Lot 1500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
69172 Barclay Ct Sisters, Ore

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	33	cement	33	5	110 sacks
12"	0	33	cement	33	5	110 sacks
10"	33	99	bentonite	5	0	7 sacks

How was seal placed: Method A B C D E
 Other poured
 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: 8"	+1	99	.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 sheets) _____
 (7) PERFORATIONS/SCREENS:
 Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
79	99	1/8 by 3	456			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 100 Drawdown _____ Drill stem at 99 Time 1 hr.

Temperature of water 53 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:
40 ft. below land surface. Date 8-24-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 14

From	To	Estimated Flow Rate	SWL
38	99		40

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
brn soil	0	2	
med to crse gravel			
(gray sand caving (WB 14))	2	24	
gray congl	24	38	
med gravel sand (WB)	38	99	

Date started 8-21-91 Completed 8-24-91

(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 [Signature] WWC Number 1317 Date 8-27-91

(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 [Signature] WWC Number 595 Date 8-27-91