

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

DBSE
 1253

APR 17 1992

155/11E/32

(START CARD) # 39873

(1) OWNER: Well Number _____
 Name Bob Godard
 Address P.O. BOX 1364
 City Sisters State OR Zip 97759

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>12</u>	<u>0</u>	<u>18 1/2</u>	<u>Bent.</u>	<u>0</u>	<u>18 1/2</u>	<u>18 sack</u>
<u>8</u>	<u>18 1/2</u>	<u>296</u>				

How was seal placed: Method A B C D E
 Other Poured in Dry

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>8</u>	<u>+1 1/2</u>	<u>18 1/2</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6</u>	<u>+1</u>	<u>296</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
<u>256</u>	<u>296</u>	<u>1/8x3</u>	<u>512</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 20 Drawdown 0 Drill stem at 290 Time 1 hr.

Temperature of Water 58 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 Desch Latitude _____ Longitude _____
 Township 15 N or S. Range 11 E or W. WM. _____
 Section 32 1/4 _____ 1/4 _____
 Tax Lot 98-76 Lot 2 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 66895 west St. Sisters

(10) STATIC WATER LEVEL:
258 ft. below land surface. Date 3-31-92
 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>274</u>	<u>296</u>		<u>258</u>

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Top Soil	0	3	
Br. Congl.	3	12	
Bl. Basalt	12	61	
Red Sand Stone	61	89	
Bl. Basalt	89	102	
Cinder Congl.	102	112	
Basalt	112	114	
Red Cinder Congl.	114	128	
Basalt	128	175	
Br. Sand Stone Congl.	175	192	
Basalt	192	195	
Red Cinder Congl	195	237	
Basalt	237	239	
Cinder Congl.	239	242	
Basalt	242	274	
Red Cinder Congl (WB)	274	296	

Date started 3-30-92 Completed 3-31-92

(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 1255
 Signed William D. Allen Date _____