

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

DESC
 1422

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 AUG - 7 1992

165/11E/12

(START CARD) # 38990

WATER RESOURCES DEPT.

(1) OWNER:
 Name Mr. Troy Meeder
 Address 144 NW Vicksburg
 City Bend, State OR Zip 97701

Well Number SALEM, OREGON (9) LOCATION OF WELL by legal description:
 County Des. Latitude _____ Longitude _____
 Township 16 N or S. Range 11 E or W. WM.
 Section 12 1/4 _____ 1/4 _____
 Tax Lot 1700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Innes Mkt. Rd.

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	134	Cement	0	134	65 sacks
6	134	700				

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: 6"	+2	134	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 shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input 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
20+	-0-	695	1 hr.

Temperature of Water 56 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:
652 ft. below land surface. Date 5/21/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 652

From	To	Estimated Flow Rate	SWL
652	700	20+	652

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Red Cinders	0	126	
Grey basalt	126	235	
Brown Lava	235	310	
Sandstone	310	423	
Grey basalt	423	465	
Sandstone	465	652	
Fractured Lava WB	652	700	652

Date started 5/7/92 Completed 5/21/92

(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.
 Signed [Signature] WWC Number 1371
 Date 6/1/92

(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 1371
 Date 6/1/92