

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

Desc 1590

DEC 22 1992 FEB - 4 1993
 WATER RESOURCES DEPT. SALEM, OREGON
 WATER RESOURCES DEPT. (START CARD) # 30074

(1) OWNER: Well Number _____
 Name Ed Beocham
 Address P.O. Box 748
 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 361 ft.
 Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
<u>6</u>	<u>279</u>	<u>361</u>	<u>AL Ready Grouted</u>			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>5 1/2"</u>	<u>0</u>	<u>361</u>	<u>.188</u>	<input checked="" 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>321</u>	<u>361</u>	<u>4x3</u>	<u>512</u>	<u>5 1/2</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 17 Drawdown 0 Drill stem at 355 Time 1 hr.

Temperature of Water 54° 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 Desc Latitude _____ Longitude _____
 Township 15 N or S. Range 11 E or W. WM. _____
 Section 32 NW 1/4 NW 1/4 _____
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 67050 Rock Island Ln.

(10) STATIC WATER LEVEL:
205 ft. below land surface. Date 12-11-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 279

From	To	Estimated Flow Rate	SWL
<u>279</u>	<u>361</u>	<u>17</u>	<u>205</u>

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
<u>W.B. Red Cinder Congl.</u>	<u>279</u>	<u>361</u>	
RECEIVED			
MAR - 9 1993			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 12-9-92 Completed 12-11-92

(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 _____ 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Doug Allen WWC Number 1255
 Date _____