

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

*Desc
1659*

RECEIVED

MAR 27 1993

(START CARD) # 50092

15s/10e/26aa

(1) OWNER: Well Number _____
 Name Karl Severson WATER RESOURCES DEPARTMENT
 Address P.O. Box 1102 SALEM, OREGON
 City Sisters State OR Zip 97159

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

HOLE Diameter	From		To	SEAL Material	From		To	Amount sacks or pounds
<u>6"</u>	<u>283</u>	<u>321</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"</u>	<u>261</u>	<u>321</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 _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>281</u>	<u>321</u>	<u>5x3</u>	<u>512</u>	<u>5</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>15</u>	<u>0</u>	<u>3/5</u>	<u>1 hr.</u>

Temperature of Water 59 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 10 E or W. WM. _____
 Section 26 NE $\frac{1}{4}$ NE $\frac{1}{4}$ _____
 Tax Lot 00101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 16751 Petersen Rd

(10) STATIC WATER LEVEL:
281 ft. below land surface. Date 3-23-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 290

From	To	Estimated Flow Rate	SWL
<u>283</u>	<u>321</u>		<u>281</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>W.B. Black Basalt Fractured</u>	<u>283</u>	<u>290</u>	
<u>W.B. Red Cinders</u>	<u>290</u>	<u>296</u>	
<u>W.B. Fractured Basalt</u>	<u>296</u>	<u>309</u>	
<u>W.B. Red Cinders</u>	<u>309</u>	<u>321</u>	

Date started 3-23-93 Completed 3-23-93

(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 Doug Allen Date 3-23-93