

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

DESC
 2020

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MAR 15 1988

1/5/11E-320b
 ab

(1) OWNER:

Name Dennis Staines
 Address 69289 Stetson
 City Sisters State Ore Zip 97759

Well Number 1653202
 SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Des Latitude _____ Longitude _____
 Township 14 S N or S, Range 11 E E or W, WM.
 Section 32 NW $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12"	0 20	cement	0 20	14	sacks
8"	20 452				

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: 8"	+1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	10	452	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
432	452		228	1/8 by 3		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
18		452	1 hr.

Temperature of water 52 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:

363 ft. below land surface. Date 2/22/88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 363

From	To	Estimated Flow Rate	SWL
363	452		363

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
brn soil	0	2	
gray basalt	2	29	
redish brn ss	29	44	
gray basalt	44	61	
brn ss	61	130	
brn ss congl fine	130	195	
gray basalt	195	236	
redish gray basalt	236	292	
redish brn tuft	292	327	
redish gray basalt	327	338	
gray basalt	338	363	
gray basalt w/ fractures(WB)	363	384	363
gray basalt	384	410	
brn sand med gravel (WB)	410	435	
orange tuft	435	439	
brn sand-gravel (WB)	439	452	

Date started 2/17/88 Completed 2/22/88

(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 _____
 Date 2/25/88

(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 2/25/88

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address

Dennis Starnes
69289 Stetson
Sisters Oregon

Proposed Commencement Date 2-16-88

Proposed Well Depth 540, Diameter 6"

and Use:

Domestic
 Thermal

Community
 Injection

Industrial
 Other

Irrigation

Proposed Well Location: County Duchester

Township 14 S (N or S) Range 11 E (E or W) Section 32

In NW 1/4

1. NW 1/4 of SW 1/4 of above section

2. street address of well location

3. tax lot number of well location 700

4. attach approved map with location identified.
(see reverse of this form for approved maps)

At least 2 of these must be provided

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x Not available
Owner's Signature

x John W. Johnson
Bonded Water Well Constructor

2-15-88
Date

License No. 595
Company Johnson Well Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

RECEIVED
DATE 2-17-88
WATER MASTER DISTRICT #11
BY SMS