

WATER WELL REPORT
(as required by ORS 537.765)

NOV - 7 1990

145/12E/30 ad

WATER RESOURCES DEPT.

(START CARD) # 24886

(1) OWNER:

Name Jerry Arney Well Number: _____
Address 70329 lower bridge way
City Terrebonne State ORE Zip 97760

(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 380 ft.
Explosives used ☐ ☐ 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>Cement</u>	<u>0</u>	<u>18 1/2</u>	<u>9 Sacks</u>
<u>12</u>	<u>18 1/2</u>	<u>360</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:	<u>12</u>	<u>1 1/2</u>	<u>18 1/2</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
<u>200</u>	<u>0</u>	<u>360</u>	<u>1 hr.</u>

Temperature of water 53 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 14S N or S, Range 12 E E or W, WM.
Section 30 SE 1/4 NE 1/4
Tax Lot 3400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

215 ft. below land surface. Date 10-29-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
<u>305</u>	<u>380</u>		<u>215</u>

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
<u>Sandy Top Soil</u>	<u>0</u>	<u>1</u>	
<u>Brown Sand Stone</u>	<u>1</u>	<u>95</u>	
<u>Black Sand Stone</u>	<u>95</u>	<u>110</u>	
<u>Dark Sand Stone</u>	<u>110</u>	<u>125</u>	
<u>Brown Sand Stone</u>	<u>125</u>	<u>275</u>	<u>215</u>
<u>Redish lava</u>	<u>275</u>	<u>295</u>	
<u>Basalt</u>	<u>295</u>	<u>305</u>	
<u>Black Sand (W.B.)</u>	<u>305</u>	<u>320</u>	
<u>Brown sand stone (W.B.)</u>	<u>320</u>	<u>354</u>	
<u>lava Broken (W.B.)</u>	<u>354</u>	<u>361</u>	
<u>Brown Sand Stone</u>	<u>361</u>	<u>376</u>	
<u>lava</u>	<u>376</u>	<u>377</u>	
<u>Broken lava</u>	<u>377</u>	<u>380</u>	

Date started 10-26-90 Completed 10-29-90

(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 J. Aiken Date _____