

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

**RECEIVED**  
 AUG - 4 1986  
 WATER RESOURCES DEPT  
 SALEM, OREGON

DESC  
 2994

155/10E-5db

**(1) OWNER:**

Owner's Well Number: \_\_\_\_\_  
 Name Mr. William Reed Jr.  
 Address \_\_\_\_\_  
 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

**BORE HOLE CONSTRUCTION:**

Depth of Completed Well 96' ft.

Special Standards date of approval \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
2	0 96	CEMT	0 30	17 Sacks

How was seal placed? Method  A  B  C  D  E  
 Other

Backfill placed from 96' ft. to 30' ft. Material gravel  
 Gravel placed from 96 ft. to 30 ft. Size of gravel 3/16 in

**(6) CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8	0	30	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	30	96	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

**PERFORATIONS/SCREENS:**

Perforations Method Factory  
 Screens Type \_\_\_\_\_ Material steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
6	36	1/4	80			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time 1/4 hr	Time 1 hr
100	40	90		
100	40	90		

Temperature of water 50° 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 Des. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 15S N or S, Range 10E E or W, WM.  
 Section 5 NW 1/4 SE 1/4  
 Tax Lot \_\_\_\_\_ Lot 7 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

40 ft. below land surface. Date June 14/86  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WELL LOG:**

Material	From	To	WB?	SWL
Top Soil	0	3		
Boulders	3	17		
Basalt	17	36	<input checked="" type="checkbox"/>	
Gravel	36	44		40
Basalt	44	90		40
Gravel	90	96		40

Date started 6/10/86 Completed 6/16/86

**(unbonded) Water Well Constructor Certification:**

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Robert Brockett Date 7/27/86

**(bonded) Water Well Constructor Certification:**

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Robert Brockett Date 7/27/86

Company Brockett Valley Co. Job No. \_\_\_\_\_