

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

DESC
050

(START CARD) #

155/10E/1cd
18298

(1) OWNER: Well Number: _____
 Name *Kieth Cyrus*
 Address *17204 Hwy 126*
 City *Sister* 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 *300* ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<i>16"</i>	<i>0</i>	<i>44'6"</i>	<i>Cement</i>	<i>0</i>	<i>44'6"</i>	<i>48</i>
<i>12"</i>	<i>0</i>	<i>190</i>				
<i>8"</i>	<i>190</i>	<i>300</i>				

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
<i>12"</i>	<i>+1</i>	<i>43 1/2</i>	<i>.250</i>	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

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
<i>200</i>	<i>0</i>	<i>300</i>	<i>1 hr.</i>

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: _____

(9) LOCATION OF WELL by legal description:
 County *Desch.* Latitude _____ Longitude _____
 Township *155* N or S, Range *10E* E or W, WM.
 Section *1* *SE* $\frac{1}{4}$ *SW* $\frac{1}{4}$
 Tax Lot *2300* Lot *7* Block *6* Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
270 ft. below land surface. Date *5-15-9*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found *274*

From	To	Estimated Flow Rate	SWL
<i>274</i>	<i>320</i>		

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<i>large gravel</i>	<i>0</i>	<i>8</i>	
<i>Cemented gravel</i>	<i>8</i>	<i>21</i>	
<i>Brown Congl.</i>	<i>21</i>	<i>27</i>	
<i>Brown Sand Stone</i>	<i>27</i>	<i>36</i>	
<i>Broken lava</i>	<i>36</i>	<i>38</i>	
<i>Brown S.S. Congl.</i>	<i>38</i>	<i>141</i>	
<i>Broken lava</i>	<i>141</i>	<i>145</i>	
<i>Red Cinders</i>	<i>145</i>	<i>228</i>	
<i>Broken lava</i>	<i>228</i>	<i>242</i>	
<i>Sand Stone; Small Gravel</i>	<i>242</i>	<i>274</i>	
<i>Red Cinder (WB)</i>	<i>274</i>	<i>289</i>	
<i>Red Cinder Congl. (WB)</i>	<i>289</i>	<i>293</i>	
<i>Red & Black Cinder (WB)</i>	<i>293</i>	<i>301</i>	
<i>Brown SS; Small Gravel (WB)</i>	<i>301</i>	<i>320</i>	

Date started *5-11-90* Completed *5-16-90*

(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.
(Jack abbas Kelper) 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.
William D. Helm WWC Number *1255*
 Signed _____ Date _____