

#11

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

DESC
756

RECEIVED

JAN 25 1991

55/12E/13900

WATER RESOURCES DEPT (START CARD) # 24901

(1) OWNER:

Name Harry Kern
Address 1336 NE Eby
City _____ State _____ Zip _____

Well Number: SALEM, (9) LOCATION OF WELL by legal description:

County Desch Latitude _____ Longitude _____
Township 15 N or S, Range 12 E or W, WM.
Section 29 NE 1/4 NE 1/4
Tax Lot 7800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Cline Butte

(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 880 ft.
Explosives used Yes No 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>8 Sacks</u>
<u>8</u>	<u>18 1/2</u>	<u>880</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>8</u>	<u>+1 1/2</u>	<u>18 1/2</u>	<u>250</u>	<input checked="" 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 sheets) _____

(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"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min 10 Drawdown 0 Drill stem at 860 Time 1 hr.

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: _____

(10) STATIC WATER LEVEL:

730 ft. below land surface. Date 1-15-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
<u>830</u>	<u>880</u>		<u>730</u>

(12) WELL LOG:

Material	From	To	SWL
Top Soil	<u>0</u>	<u>3</u>	
Brown S.S. Congl.	<u>3</u>	<u>32</u>	
dark S.S. Congl.	<u>32</u>	<u>37</u>	
Red S.S. Congl.	<u>37</u>	<u>45</u>	
Brown SS. Congl	<u>45</u>	<u>78</u>	
Dark Br. SS. Congl	<u>78</u>	<u>117</u>	
Brown, SS.	<u>117</u>	<u>136</u>	
Dark Br. SS.	<u>136</u>	<u>154</u>	
Brown SS	<u>154</u>	<u>360</u>	
Brown S.S. Congl. Hard	<u>360</u>	<u>390</u>	
Brown SS. Congl. Softer	<u>390</u>	<u>406</u>	
Brown S.S. Congl. Hard	<u>406</u>	<u>421</u>	
Brown S.S. Congl. soft	<u>421</u>	<u>426</u>	
Brown S.S. Hard	<u>426</u>	<u>483</u>	
Red S.S. Hard	<u>483</u>	<u>546</u>	
lava	<u>546</u>	<u>582</u>	
Brown S.S. Congl.	<u>582</u>	<u>674</u>	
lava	<u>674</u>	<u>707</u>	
Brown SS	<u>707</u>	<u>780</u>	
lava	<u>780</u>	<u>828</u>	
Red S.S. (W.B)	<u>828</u>	<u>830</u>	
frac. lava	<u>830</u>	<u>880</u>	

Date started 1-9-91 Completed 1-15-91

(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 _____ WWC Number _____ 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.

Signed William D. Kern WWC Number 1255 Date 1-16-91