

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

DBSC
 9218

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 MAY 11 1994

15s/11e/28aa

WATER RESOURCES DEPT.

(START CARD) # 51592

(1) OWNER: Well Number #4 SALEM, OREGON
 Name Bob McCoy
 Address 67360 Fryrear Road
 City Bend State Or Zip 97701

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

HOLE Diameter	From To		SEAL Material	From To		Amount sacks or pounds
12"	0	22	Bentonite	0	22	18
8"	22	316				
6"	316	345				

How was seal placed: Method A B C D E
 Other Poured down dry
 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	-22	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	0	316	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
42	.5		3 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: _____

(9) LOCATION OF WELL by legal description:
 County Desch. Latitude _____ Longitude _____
 Township 15S N or S. Range 11E E or W. WM. _____
 Section 28 NE 1/4 NE 1/4
 Tax Lot 201 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 67360 Fryrear Road

(10) STATIC WATER LEVEL:
206 ft. below land surface. Date 2/9/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 206

From	To	Estimated Flow Rate	SWL
206	214	20	
317	345		

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Broken Rock & Top Soil	0	2	
Grey Basalt	2	73	
Broken Ash-Sandstone	73	81	
Red Cinders	81	94	
Grey Basalt	94	143	
Cinder, Small Fractures @ 102-107	143	164	
Brown Conglomerate	164	177	
Grey Basalt	177	191	
Red Cinders	191	214	
Grey Basalt	214	241	
Brown Sandstone	241	253	
Grey Basalt	253	317	
Red Cinder Conglomerate	317	345	

Date started 1/4/94 Completed 2/9/94

(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 Robert Becker WWC Number 1385 Date 5-9-94

(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 Robert Becker WWC Number 1385 Date 5-9-94