

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

DOUG
108

238/7W/33

(START CARD) # 21491

(1) OWNER:
Name Kellog Springs Church Camp Well Number: 108
Address Hwy 138
City Oakland State Ore Zip 97462

(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 110 ft.
Yes No
Fees used Type _____ Amount _____

Diameter	HOLE		SEAL		Amount sacks or pounds
	From	To	From	To	
10"	0	46	Portland	46	15 Sacks
6"	46	110			

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:	6"	46	+2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	5"	110	0	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
109	81	1/4"	78			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
45 GPM	6.4'	109	1 hr.

Temperature of water 46° 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 No to taste
Depth of strata: 45'

(9) LOCATION OF WELL by legal description:
County Douglas Latitude _____ Longitude _____
Township 23N Range 7 E or W WM
Section 33 1/4 _____ 1/4 _____
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date Aug 10, 90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 95'

From	To	Estimated Flow Rate	SWL
95'	101'	45 GPM	45'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil Brown	0	3	
Clayrock brown	3	11	
Clayrock yellow	11	39	
Marine basalt	39	63	45'
Marine Basalt/Quartz	63	94	
Marine Basalt/Structure	94	110	

Date started Aug 9, 90 Completed Aug 10, 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.
Signed Gary Mohr WWC Number 1211
Date Aug 11, 90

(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 Stanley Sibley WWC Number 60
Date 9-15-90