

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

*Douglas*  
*1A*

SEP 17 1990

WATER RESOURCES DEPT.  
SALEM, OREGON

(START CARD) # W24436

*215/40/30 ab*

(1) OWNER: Well Number: \_\_\_\_\_  
Name Ray Ladd & Stardust Motel  
Address P.O. BOX 80  
City Curtin State OR Zip 97428

(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  
Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_  
Depth of Completed Well 45 ft.

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Cement	0	18'	5 sacks
6"	18	45				

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 \_\_\_\_\_

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6"	+1	19	.250	<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"/>

(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 15 Drawdown 28' Drill stem at 45' Time 1 hr.  
Could fluctuate

Temperature of water \_\_\_\_\_ 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 Not tested  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Douglas Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 21S N or S, Range 4W E or W, WM.  
Section 30 NW 1/4 NE 1/4  
Tax Lot 922.00 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 1/4 mile past Curtin store left on Hwy 99

(10) STATIC WATER LEVEL:  
17 ft. below land surface. Date 9-6-90  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 33'

From	To	Estimated Flow Rate	SWL
33'	34'	15 gpm	17'

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1'	
Brown clay	1	13'	
Blue sandstone	13'	45'	17'

Date started 9-6-90 Completed 9-6-90

(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 Bob Murphy WWC Number 1344  
Date 9-6-90

(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 Casey L Jones WWC Number 559  
Date 9-6-90