

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

Instructions for completing this report are on the last page of this form.

RECEIVED
 15/22E/10
 APR - 3 1995 JUN 21 1995
 WATER RESOURCES DEPT. # 67896
 SALEM, OREGON

(1) OWNER: WELL NUMBER
 Name MONTY CRUM
 Address BOX 121
 City LONG State OR Zip 97843

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 407 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
See PREVIOUS LOG						

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>0</u>	<u>367</u>	<u>.25</u>	<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 CARBON FC

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner
<u>367</u>	<u>407</u>	<u>.25</u>		<u>12"</u>		<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
	<u>NA</u>		1 hr.

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 _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County WASCO Latitude _____ Longitude _____
 Township 13 N or S Range 22E E or W. WM.
 Section 10 1/4 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
162 ft. below land surface. Date 3-25-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found NA

From	To	Estimated Flow Rate	SWL
<u>NA</u>			

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>NA</u>			
<u>SOME 1/4" GELU PIPE</u>			
<u>IN BOTTOM WHICH IS</u>			
<u>PAST THE LAST</u>			
<u>ACQUIFER</u>			

Date started 3-20-95 Completed 3-24-95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed PERRY STORHAMP WWC Number 1532
 Date 3-24-95

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Jerry Burd WWC Number 544
 Date 3-24-95