

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

Bill  
292

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OCT 30 1995

(START CARD) # W-67937

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

WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
Name X-change Services  
Address 93 SW 4TH  
City ONTARIO State OR Zip 97914

(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 162 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	52	PTD Cem	0	50	18545
10	52	162				

How was seal placed: Method  A  B  C  D  E  
 Other TROMIE  
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:	10	42	52	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	8	42	162		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
122	162	.5"x8"	146			<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
600		152	1 hr.
300		132	
48		102	

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 GILLIAM Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 1  N or S Range 22  E or W. WM.  
Section 5 NE 1/4 SW 1/4  
Tax Lot 400  Lot  Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
97 ft. below land surface. Date 10-20-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
124	133	10	97
141	160	600	97

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

Material	From	To	SWL
SAND	0	6	
GRAVEL	6	13	
SANDSTONE	13	124	
SANDSTONE & CLAY	124	135	
SANDSTONE & CLAY	135	141	
BLACK SCORIA	141	160	
GRAY BASALT	160	162	97

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WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 10-17-95 Completed 10-20-95

(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.  
WWC Number 1588  
Signed GREG DON MLJ Date 10-20-95

(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.  
WWC Number 544  
Signed Jerry Beard Date 10-20-95