

JUN - 9 1997

GILL  
50039

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(START CARD) # W 74149

STATE OF OREGON  
WATER SUPPLY WELL REPAIR RESOURCES DEPT.  
(as required by ORS 537.765) SALEM, OREGON

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Procter Enterprises  
Address P.O. Box C  
City Wilmington State OR Zip 97812

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
			<u>PORT-CON</u>	<u>0</u>	<u>98'</u>	<u>15 SKS</u>

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: <u>6</u>	<u>+2</u>	<u>98</u>	<u>.125</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<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 \_\_\_\_\_  
Temperature of water \_\_\_\_\_ 58 \_\_\_\_\_ 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 3N N or S Range 21E E or W. WM.  
Section 28 SE 1/4 SE 1/4  
Tax Lot 204 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
126 ft. below land surface. Date 6-4-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

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

From	To	Estimated Flow Rate	SWL

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

Material	From	To	SWL
<u>PLACE 6" CASING FROM +2 FEET TO 98' AND CEMENT BETWEEN THE 6" AND THE 8" CASING. CLEAN OUT PLUG TO BOTTOM &amp; BLOW WATER OUT UNTIL CLEAN</u>			
<u>See PREVIOUS LOG WHICH WAS FOR JIM GREEN</u>			

RECEIVED

JUL 28 1997

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 6-3-97 Completed 6-4-97

(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 Tony Bowman WWC Number 1683 Date 6-4-97

(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 Jany Burd WWC Number 544 Date 6-4-97