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STATE OF OREGON JUL - 8 1997
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT.

WELL I.D.# L13828

(START CARD) # 88728

Instructions for completing this report are on the reverse of this form.

(1) OWNER: Well Number _____
Name Melvin L. Derby
Address 18217 Middle Rock Creek Lane
City Arlington 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 325 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	22	Cement	0	96	26 sacks
8"	22	96				
6"	96	325				

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"	+1	96	250	<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) N/A

(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 35+ Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 590 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 15 N or S Range 21E E or W. WM.
Section 3 SW 1/4 SE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 17 miles south of Arlington, OR, Rock Creek Lane

(10) STATIC WATER LEVEL:
115 ft. below land surface. Date 5-23-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 119

From	To	Estimated Flow Rate	SWL
119	147	10	115
273	284	20	113
316	325	5	115

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Silty soil	0	3	
Gravel with brown clay	3	14	
Brown basalt, broken	14	57	
Gray basalt	57	64	
Brown & black basalt, broken	64	81	
Gray basalt	81	119	
Black basalt	119	147	WB
Gray basalt	147	170	
Brown basalt, soft	170	192	
Gray basalt	192	273	
Brown & black basalt	273	284	WB
Gray basalt	284	316	
Black basalt	316	325	WB

Date started 5-21-97 Completed 5-23-97

(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.
WWC Number _____
Signed _____ Date _____

(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 1218
Signed Patrick Wallace Date 6-15-97