

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

MAY 02 2002

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 53242
START CARD # 137857

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

(1) LAND OWNER Well Number _____
Name TG + Sandra Brown
Address HC R4 Box 730
City CANYON CITY State OR Zip 97820

(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 260 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16"	0	39	Portland Cement	0	38	21 Sacks	
12"	38	266					
8"	266	352					

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:	12"	0	38	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	10"	0	75	183	☒	☐	☒	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method FACTORY CUTS
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	75	1/4x4	1530	10"		☐	☒
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
120	250	250	1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom YES
Did any strata contain water not suitable for intended use? ☒ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☒ Other SURFACE WATER
Depth of strata: 16'

(9) LOCATION OF WELL by legal description:
County GRANT Latitude _____ Longitude _____
Township 18 N or S Range 28 E or W. WM.
Section 14 NW 1/4 SE 1/4
Tax Lot 302 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) County Rd 63
South of Lyea Or 6 miles

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 4-29-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
16	17	3	12'
61	140 140	50	4'
185	243	70	4'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TAN CLAY + SHALE	0	12	
Med Soft			
GRAY SHALE MUDH	12	16	
GRAY SHALE FRAC	16	17	12'
WATER-SURFACE			Seal out
GRAY SHALE HARD	17	32	
GRAY SHALE HARD	32	61	
GRAY SHALE FRAC	61	140	
WATER			4'
GRAY SHALE HARD	140	178	
GRAY SHALE FRAC	178	182	
GRAY SHALE HARD	182	185	
GRAY SHALE FRACTURE	185	243	
WATER			4'
GRAY SHALE HARD	243	291	
GRAY SHALE FRACTURE	291	320	
GRAY SHALE HARD	320	326	
GRAY SHALE HARD	326	352	
The Well Has Been Filled 260' 352'			

Date started 4-9-02 Completed 4-29-02

(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 _____ WWC Number _____ 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.
Signed John Marcell WWC Number 1606 Date 4-29-02