NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the WATER RESOURCES DEPARTMENT, SALEM, OREGON 97310 within 30 days from the date of well completion.

WATER WELL REPORT
STATE OF OREGON
(Please type or print) (Do not write above this line)

RECEIVED
APR 18 1978
WATER RESOURCES DEPT.
SALEM, OREGON

1280
Hann

State Well No. 25S/34E-16ab
State Permit No.

(1) OWNER:
Name R.H. EMERSON
Address P. O. Box 130.
ARCATA CALIFORNIA 95521

(2) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

CASING INSTALLED:
Threaded ☐ Welded ☒
12" Diam. from +1 ft. to 235 ft. Gage .250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:
Perforated? ☒ Yes ☐ No.
Type of perforator used SAW CUT
Size of perforations 1/8 in. by 3 in.
2340 perforations from 125 ft. to 225 ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:
Well screen installed? ☐ Yes ☒ No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☒ Yes ☐ No If yes, by whom? AG CENTER
Yield: 660 gal./min. with 182 ft. drawdown after 6 hrs.
" " "
" " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:
Well seal—Material used PORTLAND CEMET Type II
Well sealed from land surface to 20 ft.
Diameter of well bore to bottom of seal 16 in.
Diameter of well bore below seal 16 in.
Number of sacks of cement used in well seal 18 sacks
How was cement grout placed?
GRAVITY FLOW
Was a drive shoe used? ☐ Yes ☒ No Plugs Size: location ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☒ No Size of gravel:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:
County HARNEY Driller's well number
NW. ¼ NE ¼ Section 16 T. 25S. R. 34 E. W.M.
Bearing and distance from section or subdivision corner 3160 ft. E. 1300 ft. S. of NW. CORNER Sec. 16

(11) WATER LEVEL: Completed well.
Depth at which water was first found 52 ft.
Static level 18 ft. below land surface. Date 4/5/78
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:
Diameter of well below casing 12"
Depth drilled 575 ft. Depth of completed well 575 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
BROWN Clayish Soil	0	2	
BROWN CLAY Congl.	2	11	
TAN CLAY	11	38	
BROWN CLAY	38	52	
BROWN CLAY Congl. W/B	52	262	18
GREEN CLAY Congl. W/B	262	307	
GRAY CLAY	307	330	
GRAY HARD BROKEN ROCK	330	349	
BROWN HARD CLAY	349	384	
GRAY HARD CLAY & BLACK SAND Congl. W/B	384	399	
BROWN BROKEN ROCK	399	412	
BLACK CLAY	412	527	
BROWN CLAY & BROKEN LAVA ROCK	527	575	18

Work started 3/23 19 78 Completed 4/5 19 78
Date well drilling machine moved off of well 4/5 19 78

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] William L. Bonby (Drilling Machine Operator) Date 4/16, 1978
Drilling Machine Operator's License No. 1042

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name W. D. WILLIAMS (Person, firm or corporation) (Type or print)
Address 3790 NW OAKLN., REDMOND, OR 97756
[Signed] William D. Williams (Water Well Contractor)
Contractor's License No. 665 Date 4-16, 1978

(USE ADDITIONAL SHEETS IF NECESSARY)

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