

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

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Harney 244

235/26E-14db

NOV 3 1987

(1) **OWNER:**
 Name Suntex School Well Number: _____
 Address _____ **WATER RESOURCES DEPT**
 City Riley State Ore. Zip _____
 SALEM, OREGON

(9) **LOCATION OF WELL by legal description:**
 County Harney Latitude _____ Longitude _____
 Township 23 S N or S, Range 26 E E or W, WM.
 Section 11 NW ¼ SE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable
 Other _____

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 175 ft.
 Yes No
 Explosives used Type _____ Amount _____

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|----------|------|----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 10" | 0 | 25 | cement | 0 | 25 | 12 sacks |
| 6" | 25 | 175 | | | | |

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" | +2 | 100 | .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"/> |

Location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Factory cut
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 95 | 175 | 1/8x3 1/2 | 7 | 760 | 5" | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 25 Drawdown 50 ft Drill stem at _____ Time 1 hr.

Temperature of water 54 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: _____

(10) **STATIC WATER LEVEL:**
110 ft. below land surface. Date 10-8-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 110

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 110 | 175 | 30 GPM | 110 |

(12) **WELL LOG:** Ground elevation _____

| Material | From | To | SWL |
|--------------------------|------|-----|-----|
| Soil w/ gravel | 0 | 5 | 0 |
| Cement gravel | 5 | 48 | 0 |
| Clay, grey | 48 | 95 | 0 |
| Sandstone w/ clay layers | 95 | 175 | 110 |

Date started 10-3-87 Completed 10-8-87

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Harold Woodruff WWC Number 1254
 Date 10-9-87