

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

NOV 13 1986

Harney
 257

JAN 21 1987

235/27E-6

WATER RESOURCES DEPT. WATER RESOURCES DEPT.

(1) OWNER:

Name Chuck Macomber
 Address 40 Box 6
 City Wiley State OR Zip 97758

SALEM, OREGON
 Owner's Well Number _____

(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:

Depth of Completed Well 410 ft.

Special Standards date of approval _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
8"	0	18 Cement	0	20 Sacks

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	+1/2	210/2	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	14	+2	18	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
8	188	3x1/8	168	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
Approx 500		410	1 hr

Temperature of water _____ 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 Harney Latitude _____ Longitude _____
 Township 235 N or S, Range 27E E or W, WM.
 Section 6 1/4 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

110 ft. below land surface. Date 10-7-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Top Soil	0	2		
Yellow Clay	2	7		
Sand & Gravel in Clay	7	15	Surf water	
Brown Clay	15	28		
Brn Clay/Sand & Gravel	28	54		
Sand	54	117	trace water	110
Broken Basalt	117	135		
Coarse Red Cinders	135	154		
Red Lava	154	156		
Broken Basalt	156	161		
Black Cinders	161	164	Yes	
Black Basalt	164	185		
Black Cinders	185	205		
Lt Grey Basalt	205	259		
Broken Basalt & Cinders	259	245		
Hard Grey Basalt	245	255		
Broken Rock, Cinders & Clay	255	386	Yes	
Brown Sandstone	386	410		

Date started 9-286 Completed 10-7-86

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed David Maphet Date 11-6-86

Company MAPHET WELL DRILLING Co. Job No. 421