

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

HAKN 50154

(START CARD) # **46552**

(1) OWNER: Well Number _____
 Name **Tecton Laminates Corp.**
 Address **Highway 20 West**
 City **Hines** State **Ore.** Zip **97738**

(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 _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **150** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	To	Material	From	To	packs or pounds
16	0	bentonite	0	44	208 sks
12	44			150	

How was seal placed? Method A B C D E
 Other **dry granular bentonite**
 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	42	44	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type **Johnson** Material **stainless**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	150	.010		12	in. tele	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100+		150	1 hr.

Temperature of Water **58** 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 **Harnay** Latitude _____ Longitude _____
 Township **23S** N or S. Range **30E** E or W. WM. _____
 Section **26** NE SW NW _____
 Tax Lot _____ Loc _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **100 ft North of Snow Mountain Pine truck scales**

(10) STATIC WATER LEVEL:
 _____ **15** ft. below land surface. Date **10-21-94**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **6**

From	To	Estimated Flow Rate	SWL
6	17	30-40	6
92	150	10R+	15

(12) WELL LOG: Ground elevation **17**

Material	From	To	SWL
red clay / sand	0	17	6
brown clay / sand / gravel	17	31	6
brown clay / small boulders / sand	31	41	15
brown clay	41	47	"
brown clay / gravel	47	52	"
brown clay	52	62	"
cemented sand, brown	62	92	"
brown sand / gravel	92	150	"

Date started **6-14-94** Completed **10-21-94**

(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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number **773**
 Signed *D. J. Patten* Date **10-25-94**