

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

RECEIVED

SEP - 7 1988

24S/29E/13 ab
Start Card 1637

(1) OWNER: Charles R. Cox Well Number: _____
Name _____
Address RT 1 Box 58
City Burns State Or Zip 97720

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
18	0	18	Cement	0	18	17
14	18	147				
10	147	527				

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: 14"	41	40	250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐
				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2500	98'		6 hr./hr.

Temperature of water 65 Depth Artesian Flow Found _____

Was a water analysis done? ☒ No ☐ 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:
SALEM, OREGON
County Harney Latitude _____ Longitude _____
Township 24S Nor S, Range 29E E or W, WM.
Section 13 NW 1/4 NE 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

31 ft. below land surface. Date 8/25/88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
183	527	2500	31

(12) WELL LOG: Ground elevation 4200 MSL

Material	From	To	SWL
Top soil, sandy loam	0	2	
Clay, yellow	2	6	
Clay, brown, fine gravel	6	15	
Rock, broken blk, clay grey	15	80	
Rock, broken blk, clay green	80	95	
Rock Broken blk, clay grey	95	135	
Rock broken blk, clay green,	135	145	
Rock broken brn, clay yellow	145	152	
Rock broken Blk, clay grey	152	183	31
Clay grey, sand coarse	183	190	
Clay brn, sand coarse	190	226	
Clay grey, sand fine	226	238	
Clay grey, sand coarse/fine	238	248	
Clay grey, sand, fine	248	270	
Clay green, sand coarse	270	300	
Clay grey, sand fine	300	340	
Pumice clay, pumice sand	340	390	
Rock, Brn, Broken	390	404	
Obsidian, Pumice	404	413	
Rock, Brn, Broken	413	430	
Rock, Blk, Broken	430	440	
Rock, Brn, Broken	440	474	
Coarse, Obsidian, sand	474	511	
Date started 7/27/88	Completed 8/27/88		

(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 426

Signed *John M. Elliott* Date 9/5/88

