

STATE OF OREGON
WATER WELL REPORT

MAR 28 1994

(as required by ORS 537.765) WATER RESOURCES DEPT.
SALEM, OREGON Drilling Inc.

(START CARD) # 58774

JACK
33124

35S/2W/26db

(1) OWNER: Well Number 1
Name Michael & Bobbie Rainey
Address 4000 Hwy. 234
City White City State Ore. Zip 97503

(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 300 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	30	Bent	0	30	600 lbs
6"	30	300				

How was seal placed: Method A B C D E
 Other Poured Dry
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"	+1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	300	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39'

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	140	6"	36	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	280	6"	72	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
6		300	1 hr.

Temperature of Water 55 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 Jackson Latitude _____ Longitude _____
Township 35S N or S. Range 2W E or W. WM. _____
Section 26 NW 1/4 SE 1/4
Tax Lot 107 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4865 Hwy 234
White City, Ore. 97503

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 3/24/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 122'

From	To	Estimated Flow Rate	SWL
122	125	4	44
270	275	2	44

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil Brown	0	4	
Clay Brown	4	22	
Claystone Gray	122	300	44

Date started 3/24/94 Completed 3/24/94

(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.
Signed [Signature] WWC Number 1486
Date 3-26-94

(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 [Signature] WWC Number 205
Date 3-26-94