

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

Jaek 460 RECEIVED
 AUG 28 1989

345/1w/10cc
 (START CARD) # 10386

(1) OWNER: Well Number: **WATER**
 Name **ALEX BOUTACOFF**
 Address **16005 HIWAY 62**
 City **EAGLE POINT** State **OR** Zip **97524**

(9) LOCATION OF WELL by legal description:
 County **CLATSOP** Latitude _____ Longitude _____
 Township **34N** N or S, Range **1W** E or W, WM.
 Section **10CC** _____ 1/4 _____ 1/4
 Tax Lot **2600** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **240 SCHOOL HOUSE**
LANE, SHADY COVE, OR

(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 **122** ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	BENTONITE	0	20	9SACKS
6"	20	122				

How was seal placed: Method A B C D E
 Other **TAMPED POURED (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: 6"	+2	43	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	122		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Final location of shoe(s) **43**

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	120	1X8X8	60			<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
30 GPM	72	122	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: _____

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date **8-4-89**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **97**

From	To	Estimated Flow Rate	SWL
97	116	30 GPM	50

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	14	
CLAYSTONE, BROWN, SOFT	14	21	
CLAY, BROWN	21	24	
GRAVEL, SMALL	24	35	
CLAY, BROWN	35	37	
CLAYSTONE, BROWN	37	42	
CLAYSTONE, BLUE	42	101	
CLAYSTONE, RED, SOFT	101	114	
CLAYSTONE, BLUE, HARD	114	122	50

Date started **8-4-89** Completed **8-4-89**

(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.
MEDINA WELL DRILLING WWC Number _____
 Signed **3236 Hanley Road** 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.
Central Point, OR 97502
(503) 664-6388
 Signed **Joaquin Medina** WWC Number **1207**
 Date **8-7-89**