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Jack
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39s/3w/33bd

(START CARD) # 16394

JAN 16 1990

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

(1) OWNER:

Name Dennis M. Miller
Address 7314 S.E. 14TH
City Portland State ORE Zip 97202

(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 240'
Explosives used ☐ Yes ☒ No ☐ Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0' 20'	Cement	0' 20'	75K	
8"	20' 35'				
6"	35' 240'				

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: 6"	+1	35'	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
85	240'	240'	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 JKN Latitude _____ Longitude _____
Township 39 N or S, Range 3 W E or W, WM.
Section 33 SE 1/4 NW 1/4
Tax Lot 310 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8150 UPPER
APPLEGATE, Jacksonburg OR

(10) STATIC WATER LEVEL:

33' ft. below land surface. Date 1-6-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
135'	136'	5	33'
155'	156'	1	33'
220	221	25	33'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Sand	0	1	
Clay	1	3	
CLAYSTONE	3	12	
SANDSTONE	12	29	
SANDSTONE	29	62	
BASALT	62	135	
BASALT	135	136	33'
BASALT	136	155	
BASALT	155	156	33'
BASALT	156	220	
BASALT	220	221	33'
BASALT	221	240	

Date started 1-4-90 Completed 1-6-90

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, 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. 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 145
Signed Jack Miller Date 1-12-90