

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

JEFF
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JUL - 2 1992

(START CARD) # 41666

(1) OWNER:

Name Bay River Development Co.
 Address P.O. Box 219
 City Sisters State OR Zip 97759

Well Number: WATER RESOURCES DEPT. SALEM, OREGON

(9) LOCATION OF WELL by legal description:

Township 13S N or S, Range 9E E or W, WM.
 Section 10 SE 1/4 NW 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) HR 1210
Camp Sherman, Oregon

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	62	cement	0	62	44 sacks
6"	62	200	_____	_____	_____	_____

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	200	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Holte air perf
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	95	1/8 - 1	300	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
120	140	1/8-1	400	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
160	200	"	800	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
70		200	1 hr.

Temperature of water 52° 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:

4 ft. below land surface. Date 6/26/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL
40	50	35	5'
170	200	50	4'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Dirt cobbles	0	2	
River Gravels	2	10	
Silt & clay	10	40	
Broken lava gray	40	54	
Lava gray hard	54	90	
Lava gray semi fractured	90	100	
Clay brown	100	102	
Sand stone brown	102	104	
Soft weathered rock	104	109	
Lava fractured porous	109	111	
Lava mud hard gray	111	118	
Lava porous weathered	118	122	
Lava gray med hard	122	133	
Lava w/hard and fractured	133	152	
Basalt gray hard	152	168	
Basalt fractured gray	168	170	
Lava cinder red	170	181	
Lava weathered and porous	181	200	

Date started 6/19/92 Completed 6/26/92

(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 1358
 Date 6/29/92

(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 723
 Date 6/24/92