

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

JEFF
109

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WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) #

(1) OWNER: Well Number _____
 Name Bob Brown
 Address 8997 NE Emerson
 City Madras State Ore Zip 97741

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	56	cement	20	9	44 sacks
12"	56	158	bentonite	3	9	27 sacks

How was seal placed: Method A B C D E
 Other poured

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 20 ft. to 50 ft. Size of gravel 1" minus

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+ 1	56	.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 shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25	50	1/8 by 1/4	710			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
385			1 hr.

Temperature of Water 54 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 Jefferson Latitude _____ Longitude _____
 Township 9 S N or S. Range 14 E E or W. WM. _____
 Section 27 NW 1/4 NW 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

8997 NE Emerson Madras, Ore
 (10) STATIC WATER LEVEL:
9 ft. below land surface. Date 7-31-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	51		9

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
heavy clayey soil	0	20	
gravel & cobbles (WB)	20	51	
white soapstone ??	51	65	
brn ss	65	80	
gray congl	80	89	
dk dk gray basalt	89	158	

Date started 7-22-92 Completed 7-31-92

(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 1575
 Date 7-31-92

(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 595
 Date 7-31-92