

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

JEFF
111

10S/14E/28
40724

(START CARD) #

(1) OWNER: Well Number **#2**
 Name **ROBERT CROCKER**
 Address **2495 N.E. DARRAR DR**
 City **MADRAS** State **OR** 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 **600'** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter		SEAL Material		Amount
From	To	From	To	sacks or pounds
18"	0	Cement	0	2 1/2 YARDS
12"	55		500'	
8"	500		600	

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: 12"	42	490	.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 **FACTORY**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
390'	490'	1/8	3000	12"		<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 _____
200+ **210'** **500'** **4 hrs**

Temperature of Water **55** Depth Artesian Flow Found **-0-**
 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 **10S** N or S. Range **14E** E or W. WM. _____
 Section **28** N 1/4 **S** 1/4 _____
 Tax Lot **400** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **2495 N.E. DARRAR DR. MADRAS OR**

(10) STATIC WATER LEVEL:
92' ft. below land surface. Date **8-15-92**
 Artesian pressure **-0-** lb. per square inch. Date **-0-**

(11) WATER BEARING ZONES:
 Depth at which water was first found **395'**

From	To	Estimated Flow Rate	SWL
395	429	200 +	92'

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
COARSE GRAVEL & CLAY	4	38	
BROWN SANDY CLAYSTONE	38	395	92'
BROWN BROWN CLAYSTONE	395	429	"
HARD BLACK BASALT	429	600'	"

Date started **8-12-92** Completed **8-16-92**
 (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 **Bill Crocker** WWC Number **555**
 Date **9/1/92**

(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 **Art Clausen** WWC Number **741**
 Date **9-2-92**