

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

**JEFF**  
**161**

**RECEIVED**

**AUG 30 1993**

135/9E/106d

(START CARD) # 55048

WATER RESOURCES DEPT.  
 OREGON

**(1) OWNER:** Well Number 221-30-93  
 Name Black Butte School C/O Toni Foster  
 Address P.O. Box 601  
 City Camp Sherman State Or. Zip 97730

**(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 School

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval  Yes  No Depth of Completed Well 88 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	15	#8 Bent.	0	15	15 sks
12"	15	66	type 1&2 cement	15	66	47 sks
8"	66	88				

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

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: 8"	+1	-66	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-3	-88		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
63	83	1/8x4	234			<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailor  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem at	Time
50+	0	88	1 hr.

Temperature of Water 49° 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 13 N or S, Range 9 E or W, WM.  
 Section 10BD SE 1/4 NW 1/4  
 Tax Lot 900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Black Butte School, Camp Sherman, Or.

**(10) STATIC WATER LEVEL:**  
15 ft. below land surface. Date 8-24-93  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 15'

From	To	Estimated Flow Rate	SWL
76	88	50+	15'

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Sandy loam top soil/brown clay	0	8	
Black sand & gravel	8	60	
Gray Lava	60	76	
Broken Lava/Red cinder & tan clay	76	88	15

Date started 8-23-93 Completed 8-25-93

**(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 \_\_\_\_\_ WWC Number \_\_\_\_\_  
 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.  
 Signed [Signature] WWC Number 685  
 Date 8-26-93