

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

WATER RESOURCES DEPT.  
 SALEM, OREGON

DEC 9 1986

JEFF  
 624

135/95 10&c

**(1) OWNER:** Owner's Well Number: \_\_\_\_\_  
 Name Metolius Meadows Property Owners Assn.  
 Address P.O. Box 696  
 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

**(5) BORE HOLE CONSTRUCTION:**  
 Depth of Completed Well 101 ft.  
 Special Standards date of approval \_\_\_\_\_

| HOLE     |      |    | SEAL            |      |    | Amount<br>sacks or pounds |
|----------|------|----|-----------------|------|----|---------------------------|
| Diameter | From | To | Material        | From | To |                           |
| 6"       | 0    | 20 | Portland Cement | 0    | 20 | 60                        |

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:**

| Casing: | Diameter | From | To  | Gauge | SEAL                                |                          |                                     |                          |
|---------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|         |          |      |     |       | Steel                               | Plastic                  | Welded                              | Threaded                 |
|         | 10"      | 0    | 62' | .250  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

  

| Liner: | Diameter | From | To | Gauge | SEAL                     |                          |                          |                          |
|--------|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|        |          |      |    |       | Steel                    | Plastic                  | Welded                   | Threaded                 |
|        |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Vertical location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type Johnson Material Stainless

| From | To   | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                               |
|------|------|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 64'  | 89'  | .30       |        | 8"       |                | <input type="checkbox"/> | <input type="checkbox"/>            |
| 89'  | 101' |           |        | 8"       | .188           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 60'  | 64'  |           |        | 8"       | .188           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Pump  Bailer  Air  Flowing Artesian

| Yield gal/min | Pumping level | Drill stem at | Time |
|---------------|---------------|---------------|------|
| 50            | 26'           |               | 1 hr |

Temperature of water \_\_\_\_\_ Depth Artesian Flow Found none  
 Was a water analysis done?  Yes By whom none  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other none  
 Depth of strata: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**  
 County Jefferson Latitude 900N " Longitude 700'W "  
 Township T. 13 S N or S, Range 9 E E or W, WM.  
 Section 16 SW 1/4 SE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) East Well  
Metolius Meadows Road

**(10) STATIC WATER LEVEL:**  
26 ft. below land surface. Date 8-30  
 Artesian pressure 0 lb. per square inch. Date \_\_\_\_\_

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

| Material               | From | To  | WB? | SWL |
|------------------------|------|-----|-----|-----|
| Top soil               | 0    | 4   |     |     |
| Sand & med. gravel     | 4    | 6   |     |     |
| Large boulders         | 6    | 14  |     |     |
| Brown clay & gravel    | 14   | 28  |     |     |
| Fine black sand        | 28   | 68  | Yes | 26' |
| Heavy sand & lg gravel | 68   | 87  | Yes | 26' |
| Fine silt              | 87   | 101 |     |     |

Date started 08-28-86 Completed 08-30-86

**(unbonded) Water Well Constructor Certification:**  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Wayne T. Buckner Date 9-3-86

**(bonded) Water Well Constructor Certification:**  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Robert Buckner Date 9-3-86  
 Company Buckner Pump Service Co. Job No. \_\_\_\_\_