

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

JEFF
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 AUG 15 1991

9S/14E/34 hb
 (START CARD) # 30674

(1) OWNER:
 Name Leroy Fessler
 Address 7507 NE Quale Rd
 City Madras, State Or Zip 97741

Well Number: WATER RESOURCES DEPT. LOCATION OF WELL by legal description:
 COUNTY Jefferson OR OREGON Latitude _____ Longitude _____

Township 9S N or S. Range 14E E or W. WM. _____
 Section 34 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Gateway

(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 210 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	37 1/2	Cement	0	37 1/2	88
12"	37 1/2	210				

How was seal placed: Method A B C D E
 Other Pumped w/trimmie
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					✓		✓		✓		✓	
Casing:	12"	+1 1/2	37 1/2	.250	✓				✓			
Liner:												

Final location of shoets) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
1200+	0	209	1 hr.

Temperature of water 60 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:
85 ft. below land surface. Date 7/26/91
 Artesian pressure 0 lb. per square inch. Date 7/26/91

(11) WATER BEARING ZONES:

Depth at which water was first found 85

From	To	Estimated Flow Rate	SWL
85	210		85

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Cemented Gravels (med)	0	23	
Yellow Claystone	23	185	
Hard Black Basalt	185	210	

Date started 7/25/91 Completed 7/26/91

(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 1555
 Date 8-11-91

(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 Robert Buckner WWC Number 1385
 Date 8-11-91