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340/6w/11bc

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

MAR 14 1994

WATER RESOURCES DEPT.  
SALEM, OREGON

(START CARD) # 55128

(1) OWNER: Well Number \_\_\_\_\_  
Name Aunt Mary's Tavern, Mary Chambers  
Address P O Box 71  
City Sunny Valley State OR Zip 97497

(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 325 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
10	0	18	Bentonite	0	18	9 sacks
6	18	325				

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

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:	6	+2	84	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	+1	325	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 84

(7) PERFORATIONS/SCREENS:  
 Perforations Method Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	120	1/4x5	60			<input type="checkbox"/>	<input checked="" type="checkbox"/>
265	305	1/4x5	120			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 1 1/2 Drawdown \_\_\_\_\_ Drill stem at 325 Time (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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 34 N or S. Range 6 E or W. WM.  
Section 11 SW 1/4 NW 1/4  
Tax Lot 1200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 102 Old Stage Road

(10) STATIC WATER LEVEL:  
40 ft. below land surface. Date 2-24-94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	112	1 1/2	40

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

Material	From	To	SWL
Brown clay, unconsolidated	0	81	
Basalt, very fractured, consolidated	81	325	40

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Wm. List, Inc. GRANTS, OREGON

Date started 2-23-94 Completed 2-24-94

(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 Michael Pierce WWC Number 1462 Date 2-24-94

(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 E. Quinn WWC Number 675 Date xx3-4-94