

17

31s/7E/230

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

KLAM
10791

(START CARD) # 23166

(1) OWNER: Well Number: _____
Name CAVENHAM-HANSON
Address 61419 S. Hwy 97, SUITE J
City BEND State OR Zip 97702-2146

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon alt per driller

(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 301 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16	0 110	cemwnt	0 110	125	sacks
14	110 230				
10	230 300				
8	300 350				

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: (WB)

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
10	+2	230	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> (WB)
				<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"/>	<input type="checkbox"/>	<input type="checkbox"/> (WB)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (WB)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (WB)

Liner: _____

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
200	125	1/8	3	400	10	pipe	<input checked="" 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 1000 Drawdown 53 Drill stem at 297 Time 5 hr.

Temperature of water 42° 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 KLAM Latitude _____ Longitude _____
Township 31 North Range 7 W. W.M.
Section 23 NW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
47 ft. below land surface. Date 10/23/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 125 ft.

From	To	Estimated Flow Rate	SWL
125	128	100	47
175	182	150	47
195	203	450	47
240	350	1000 gals.	47

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Pumice (Pink)	0	28	47
Silt	28	43	"
Sand (Fine)	43	91	"
Sand & Pumice	91	104	"
Basalt (Gray)	104	125	"
Frac. Basalt (Sandy Seams)	125	128	"
Basalt (Gray)	128	175	"
Frac. Basalt (Sandy Seams)	175	182	"
Basalt (Gray)	182	195	"
Frac. Basalt (Cinders & sand in seams)	195	203	"
Basalt (Gray)	203	240	"
Frac. Basalt/Boulders	240	350	"

Date started 8/10/92 Completed 5/11/93

(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 [Signature] WWC Number 1371
Date 5/12/93

(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 1371
Date _____