

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

*KLAM
51611*

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614265

FEB 29 1996

(START CARD) # 34373

(1) OWNER: Well Number _____
 Name Ron McVay (Shasta View Produce)
 Address 21599 Brazil Rd.
 City Malin State OR Zip 97632

(9) LOCATION OF WELL by legal description:
 WATER RESOURCES DEPT.
 SALEM, OREGON
 Township 41S Nor S. Range 12E E or W. WM _____
 Section 9 NE NW _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(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 882 ft
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
	20 0	19 Cement	0 19	15

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	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	+1	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Final location of shaft: _____
 (7) PERFORATIONS/SCREENS:
 Perforations Method None
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
1500	105		1 hr
1500	105		3 hrs

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: _____

(10) STATIC WATER LEVEL:
60 ft. below land surface Date 8/15/92
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
32	120		
38	420		60
56	420		60
75	800		60

(12) WELL LOG: Ground elevation 4100

Material	From	To	SWL
Top soil/sand	0	5	
White clay	5	80	
Brown yellow clay	80	100	
Lava rock w/cinders	100	120	60
Lava rock (red and black)	120	240	60
Grey lava rock	240	260	
Black lava w/sandstone	260	300	60
Black red lava	300	380	
Black lava	380	400	60
Black and red lava	400	420	60
Black lava	420	500	
Black grey lava	500	560	
Black red lava	560	620	60
Blue grey lava	620	700	
Red black lava	700	720	
Grey lava	720	750	
Black lava w/cinders	750	800	60
Black lava	800	882	

Date started 7/30/92 Completed 8/15/92

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 69
 Signed _____ Date 8/30/92