

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

LAKE
4225

RECEIVED
 OCT 15 1992

395/19E/32
 46728
 (START CARD) #

(1) OWNER: Well Number _____ WATER RESOURCES DEPARTMENT
 Name John S Youcum SALEM, OREGON
 Address P.O. Box 807
 City Atascadero State Cal Zip 93423

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	1' 380'	gravel	20' 25'	
		Cement	1' 20'	22 sacks

How was seal placed: Method A B C D E
 Other pipe in bottom fill to top
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 20 ft. to 25 ft. Size of gravel 3/4"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method torch slits
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40'	200'	1/4"	30	10"		<input checked="" 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
40	0		1 hr.
800	55'	180'	

Temperature of Water _____ 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 lake Latitude _____ Longitude _____
 Township 39 N or S Range 19 E or W. WM.
 Section 32 1/4 _____ 1/4 _____
 Tax Lot 105 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Hc 60
Box County Road 1-11

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 10-2-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Hard pan		10'	
Brown clay sand		10'	
Brown clay		5'	
Black clay sand		5'	
fine sand		10'	
tan, blue clay		10'	
gray seams & clay		10'	
clay & sand		10'	
blue clay sand mix		25'	
sand clay mix		65'	
blue clay		5'	
gray sand & clay		10'	
fine sand & clay		25'	
blue clay		15'	
green clay		5'	
gray sand clay		40'	
course sand		10'	
sticky blue clay		25'	
sand mix		5'	
sand, clay mix		20'	
sand clay seams		25'	
sand brown green clay		15'	

Date started _____ Completed 10-9-92
 (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.

Signed John T Youcum WWC Number _____
 Date 10-11-92

(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 John T Youcum WWC Number _____
 Date 10-11-92