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

DEC 30 1993
JAN 24 1994
WATER RESOURCES DEPT. (START CARD) #
SALEM, OREGON WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number
Name LARRY GRASSMAN
Address P.O. Box 101
City Christmas Valley State Ore Zip 97641

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
18 1/2	0	99	cement	0	99	36 Sacks
8 1/2	99	320				

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	14	0	99	350	<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"/>

Final location of shoe(s) _____

(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		320	1 hr.

Temperature of Water 53 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 LIKE Latitude _____ Longitude _____
Township 27S N or S. Range 17E E or W. WM. _____
Section 1 SE 1/4 SE 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1/4 mile off Millican RD

(10) STATIC WATER LEVEL:
24 ft. below land surface. Date 11-28-93
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
30	32	10 gal	15

(12) WELL LOG: _____
Ground elevation _____

Material	From	To	SWL
BROWN CLAY	0	9	
BROWN CLAY STONE	9	30	
GREEN STONE	30	47	
BLUE STONE	47	71	
GRAY STONE	71	157	
Green Stone	157	260	
GRAY Stone	260	287	
PANMICE	287	297	
BROWN STONE	297	320	

Date started 11-16-93 Completed 11-28-93
(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.

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 567
Signed Mel Search Date 11-28-93