

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

LANE RECEIVED
 3039 JUL 10 1992

16s/5w/10bc
 (START CARD) # W41737

(1) **OWNER:**
 Name Darrel Cheshire
 Address P.O. Box 297
 City Cheshire State OR Zip 97419

WATER RESOURCES DEPT
 SALEM, OREGON

(2) **LOCATION OF WELL by legal description:**
 County Lane Latitude _____ Longitude _____
 Township 16S N or S. Range 5W E or W. WM. _____
 Section 10 SW $\frac{1}{4}$ NW $\frac{1}{4}$ _____
 Tax Lot 900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) End of Olive St
Cheshire, OR

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

(3) **DRILL METHOD:**
 Rotary Air Rotary Mud Cable
 Other _____

(10) **STATIC WATER LEVEL:**
10 ft. below land surface. Date 7-3-92
 Artesian pressure _____ lb. per square inch. Date _____

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 27'

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 28 ft.
 Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
27'	28'	25 gpm	10

HOLE SEAL

Diameter	From	To	Material	From	To	Amount
10"	0	18'	Cement	0	18'	12 sacks
6"	18'	28'				

(12) **WELL LOG:**
 Ground elevation _____

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 _____

Material	From	To	SWL
Topsoil	0	3'	
Clay	3'	15'	
Gravel & sand	15'	28'	10'

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+2	26'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 26'

(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"/>

Date started 7-3-92 Completed 7-3-92

(8) **WELL TESTS: Minimum testing time is 1 hour**

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25	16'	28'	1 hr.
Could fluctuate			

(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 Mike D WWC Number 1564
 Date 7-6-92

Temperature of Water 57° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom not tested
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(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 Casey Jones WWC Number 559
 Date 7-6-92