

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

Lane 304

15S/4W/20bb

(START CARD) # 24362

**(1) OWNER:** Well Number: 581  
 Name Nixon Farms Inc  
 Address 96313 Hulbert St Rd  
 City Junction City State OR Zip 97448

**(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 \_\_\_\_\_ ft.  
 Explosives used  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
	10" 40' 80'	Casing & Seal	Undisturbed	

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:**

Diameter	From To	Gauge	Material			
			Steel	Plastic	Welded	Threaded
Casing:			<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) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method Air Perforator  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20' 35'	1/8"	520			<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
250+		40	1 hr.

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 Lane Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 15S N or S Range 4W E or W WM.   
 Section 20 NW 1/4 NW 1/4  
 Tax Lot 400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 95212 Hwy 99E Lingo Lane

**(10) STATIC WATER LEVEL:**  
20 ft. below land surface. Date 9/11/90  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 20 ft.

From	To	Estimated Flow Rate	SWL
20 ft.	35 ft.	250 GPM	20'

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Blue Clay	40	56	20'
Brown Clay	56	80	20'

**RECEIVED**

OCT - 3 1990

WATER RESOURCES DEPT  
 SALEM, OREGON

Date started 9/11/90 Completed 9/11/90

**(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 751  
 Signed Donald Hoag Date 9/20/90