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

SEP 23 1994

WATER RESOURCES DEPARTMENT
GALILEE, OREGON

(START CARD) #

LANE
5121

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 10164
Name Nixon Farms Inc
Address 916313 Hulbert LK Rd
City Jct City State OR Zip 97448

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 45 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
16"	0' 18'	Bentonite	0' 18' 16 Sacks
12"	18' 44'		

How was seal placed: Method A B C D E
 Other Placed @ 1 Sack pr. 5 min rate
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	71'	45'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 45'

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	# Number	Diameter	Tele/pipe size	Casing	Liner
19'	43'	4X1	120			<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
<u>200 + GPM</u>		<u>45'</u>	1 hr.

Temperature of water 55° 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 19 SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Corner 99W & Ferguson Rd, Jct. City

(10) STATIC WATER LEVEL:
15' ft. below land surface. Date 8/22/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
19'	45'	200+ GPM	15'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	0'
Brown Clay	2	16	0'
Cemented Gravel	16	19	15'
Sand & Gravel	19	45'	15'

Date started 8/19/94 Completed 8/22/94
(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Donald J. Poring WWC Number 751 Date 8/30/94