

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

JAN 14 1991

WATER RESOURCES DEPT. (START CARD) # 24369

(1) OWNER: Lorance Edwards Well Number: 608
 Name Lorance Edwards
 Address 93167 River 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 39 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14"	0'	18'	Cement	0'	18'	9 Sacks
10"	18'	39'				

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:	10"	1'	39'	250	<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 sheets) 39 St.

(7) PERFORATIONS/SCREENS:
 Perforations Method Air Perc. Drilling
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19'	38'	1/8"	780			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 600+ Drawdown _____ Drill stem at 39 St. Time 1 hr.

Temperature of water 53° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom None
 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 Jane Latitude _____ Longitude _____
 Township 16S North Range 4W East of W.W.M.
 Section 07 SE 1/4 NE 1/4
 Tax Lot 00806 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 93167 River Rd. JC OR 97448

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 12/10/90
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
19'	38'	600+GPM	14

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandy loam	0	6	0
Cemented Gravel	6	19	14
Sand & Gravel	19	26	14
Cemented Gravel	26	38	14
Brown Clay	38	39	14

Date started 12/7/90 Completed 12/10/90

(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.
 Signed Kurt D. Martin 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Donald Fleming WWC Number 751 Date 12/28/90