

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

LINC
 1012

RECEIVED

MAR 20 1989

(START CARD) #

18/921/9
 9217

(1) OWNER:

Name Lincoln Co. School District
 Address PO Box 216
 City South Beach State Oregon Zip 97366

Well Number: WATER RESOURCES DEPT
 LOCATION OF WELL by legal description:
SALEM, OREGON Latitude _____ Longitude _____

Township 11 North Range 9 East or West of WM.
 Section 9 1/4 _____ 3/4 _____
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Highway 20, Eddyville Oregon 97393

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
	10	0 30	Cement	0	30	11
	6	30 55				

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	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	30	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	55	160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
15	55		300	1/4" Round holes		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
8		53	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: _____

(10) STATIC WATER LEVEL:

18 ft. below land surface. Date 2-27-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
37	39	8	18

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	2	
Brown sticky clay	2	20	
Brown sandstone (soft)	20	23	
Blue sandstone	23	55	

Date started 2-27-89 Completed 2-27-89

(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 _____ 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 Gay J King WWC Number 749
 Date 3-1-89