

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

LINC 001670

148/100/13
7080

WATER RESOURCES DEPARTMENT (START CARD) # 7080

(1) OWNER: Well Number: _____
Name AISEA RANGER STATION
Address _____
City AISEA State Oregon Zip 97239

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

HOLE			SEAL				Amount sacks or pounds
Diameter	From	To	Material	From	To		
10"	0	34	Cement	0	34	9	
6"	34	175					

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"	0	34	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 shoe(s) _____

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
5		170	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 Lincoln Latitude _____ Longitude _____
Township 14 N or S Range 10 E or W WM.
Section 13 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Mike Bauer Picnic AREA

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 9-30-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 159

From	To	Estimated Flow Rate	SWL
159	155	4	45
161	162	1	45

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOPSOIL	0	4	
yellow sticky clay	4	16	
Brown SANDSTONE (SOFT)	16	29	
Blue SANDSTONE	29	77	
Grey SANDSTONE	77	103	
Blue SANDSTONE med. Hard	103	163	
Blue SANDSTONE	163	175	

Date started 9-27-88 Completed 9-30-88

(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 799
Signed Gary King Date 10-4-88