

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

RECEIVED

SEP 16 1986

LINC 404

62/10W-336d

WATER RESOURCES DEPT
SALM, OREGON

(1) OWNER:

Name Harry Durett
 Address P.O. Box 58 Pt. 2
 City Otistown State OR Zip 97308

(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:

Depth of Completed Well _____ ft.

Special Standards date of approval _____

HOLE		SEAL		Amount		
meter	From To	Material	From To		sacks or pounds	
72	0	38 1/2	Cement	0	38 1/2	30 sacks

How was seal placed? Method A B C D E
 Other Pressure Grout

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel		Plastic		Welded Threaded	
					From	To	From	To	From	To
	8	1 1/2	33 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Tele/pipe size	Casing	Liner
					<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time
120		3 hours	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 Linn Latitude _____ Longitude _____
 Township 6S N or S, Range 10W E or W, WM.
 Section 33 SE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date 8-5-86
 Artesian pressure X lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Topsail	0	1		
Brown clay	1	10		
Blue Claystone	10	27		
Blue Sandstone	27	190		

Date started 8-2-86 Completed 8-5-86

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date 8-6-86

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Bob Jones Date 8-6-86

Company Jones Drilling Co. Job No. 1929