

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

**RECEIVED**

**LINN**  
 10933

125/7 E-286c

NOV 6 1987

**(1) OWNER:**

Name WILLAMETTE NATIONAL WATER RESOURCES DEPT. LINN Well Number 1  
 Address DETROIT RANGER DISTRICT SALEM, OREGON  
 City DETROIT State OR Zip 97342

**(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 CAMP GROUND

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval Yes  No  Depth of Completed Well 70 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Cement	0	25	46 Bags

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from 0 ft. to 25 ft. Material Cement  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER:**

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	6"	0	56	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	70	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method SKILL  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	70	1/8 x 6	80	4 1/2"	4 1/2"	<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
50	14		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 44° 29' 30" Longitude 121° 59' 0"  
 Township 12 S. Range 7 E. SW 1/4 NW 1/4  
 Section 28 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address)  
BIG MEADOWS HORSE CAMP HAND PUMP WELL

**(10) STATIC WATER LEVEL:**

18 ft. below land surface. Date 10-30-87  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found _____			
From	To	Estimated Flow Rate	SWL
56	70	50	18

**(12) WELL LOG:**

Material	Ground elevation _____		SWL
	From	To	
Top Soil			
SANDY LOAM	0	2	
BOLDER SAND	2	8	
(GREY BASALT & Volcanic Rock. & clay cemented)	8	20	
Basalt. Gravel & Volcanic CINDER	20	32	
Grey Basalt. sandstone & fine volcanic.	32	57	
Hard Basalt. Grey	57	70	

Date started 10-21-87 Completed 11-2-87

**(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 Paul Nickerson WWC Number 689  
 Date 10-30-87