

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

Linn
1386

RECEIVED
 DEC - 9 1991

13S/1E/27db
 (START CARD) # *31641*

(1) OWNER:
 Name *Oregon Dept Fish & Wildlife*
 Address *50 Duaneham Hatchery*
 City *43182 North River Rd Sweet Home*

Well Number: _____

(9) LOCATION OF WELL by legal description:
 County *Linn* Latitude _____ Longitude _____
 Township *13S* N or S, Range *1E* E or W, WM.
 Section *27* NW ¼ SE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(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 *240* ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<i>6</i>	<i>19</i>	<i>240</i>	<i>cement</i>	<i>0</i>	<i>19</i>	<i>8 1/2</i>

How was seal placed: Method A B C D E
 Other *pumped*
 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:	<i>6</i>	<i>0</i>	<i>19</i>	<i>250</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<i>4 1/2</i>	<i>0</i>	<i>240</i>	<i>160</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method *Hand Drill*
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>100</i>	<i>120</i>	<i>1/4</i>	<i>54</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>120</i>	<i>140</i>	<i>1/4</i>	<i>84</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min *24* Drawdown *165* Drill stem at *200* Time *4* hr.

Temperature of water *50* 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:
40' ft. below land surface. Date *Oct 30-91*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<i>209</i>	<i>212</i>	<i>24</i>	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<i>Clay</i>	<i>0</i>	<i>10</i>	
<i>Brachy Sandstone</i>	<i>10</i>	<i>16</i>	
<i>Blue Sandstone</i>	<i>16</i>	<i>31</i>	
<i>Blue Sandstone</i>	<i>31</i>	<i>45</i>	
<i>Blue Sandstone</i>	<i>45</i>	<i>80</i>	
<i>Blue Sandstone</i>	<i>80</i>	<i>110</i>	
<i>Grey Sandstone</i>	<i>110</i>	<i>122</i>	
<i>Blue Sandstone</i>	<i>122</i>	<i>158</i>	
<i>Soft Grey Sandstone</i>	<i>158</i>	<i>172</i>	
<i>Blue Sandstone</i>	<i>172</i>	<i>240</i>	

Date started *Oct 28* Completed *Oct 30*

(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 *Howard Rynn* WWC Number _____
 Date *Oct 30-91*