

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

Linn
1416

RECEIVED

JAN 14 1992

1/5/2w/22cc
21675

WATER RESOURCES DEPARTMENT (START CARD) #

(1) OWNER: Well Number 197121
 Name James W. Heichey
 Address 34779 Hwy 20
 City Lebanon State ore Zip 97355

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	18	cement	0	18	25 sacks
12	17	33	steel			

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

Backfill placed from 0 ft. to 18 ft. Material cement
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 12	17	33	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) 33

(7) PERFORATIONS/SCREENS:
 Perforations Method touch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19	31	1/4" x 5/16"	101			<input checked="" 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
160	10		1 hr.
220	17		1 hr.

Temperature of Water 52° Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 38 15N Longitude 123-03 00W
 Township 11S N or S. Range 2W E or W. WM. _____
 Section 22 SW 1/4 SW 1/4
 Tax Lot 00500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 34779 Hwy. 20 Lebanon ore 97355

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 12-17-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
18	34	200 +	8

(12) WELL LOG:
 Ground elevation 240

Material	From	To	SWL
top soil	0	5	
clay loam	5	12	
clay loam med gravel	12	18	
med gravel + brown sand	18	34	8

Date started 12-5-91 Completed 12-17-91

(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 Bob Scheler WWC Number 610
 Date 12-17-91