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

WATER RESOURCES DEPT. (START CARD) #  
SALEM, OREGON

76116

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number \_\_\_\_\_

Name Kent Hoar  
Address 38242 Hoar Rd.  
City Lew State ore Zip 97374

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 160 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	65	cement	0	65	60
8	3	67	steel			
8	67	150	Bore hole			
6	150	160	Bore hole			

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: 8	3	67	.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) 67

(7) PERFORATIONS/SCREENS: no

From	To	Slot size	Number	Diameter	Material	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"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60	80		1 hr.

Temperature of water 53.2 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  No  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  No  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County Lew Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 105 N or S Range 2W E or W. WM. \_\_\_\_\_  
Section 24 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot 1002 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 38377  
Hoar Rd Lew ore 97374

(10) STATIC WATER LEVEL:  
3 ft. below land surface. Date 7-17-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 75

From	To	Estimated Flow Rate	SWL
74	80	14	3
92	115	70	3

(12) WELL LOG:  
Ground Elevation 300

Material	From	To	SWL
top soil	0	12	
clay hard gray	12	22	
clay med hard brown gray	22	52	
clay gray brown hard	52	74	
sand med black wood	74	80	3
clay brown sticky	80	92	
sand black gray clay	92	115	3
clay gray sticky	115	155	
clay brown sandy sticky	155	160	

Date started 5-26-95 Completed 7-17-95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
WWC Number 610  
Signed Bob Schuler Date 7-17-95