

2

LINN
1768

9s/1w/28ab
45909

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

(START CARD) # 45909

(1) OWNER: Well Number: _____
Name Judd Sawyer
Address P.O. Box 276
City Idanha State OR Zip 97350

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
	<u>10</u>	<u>0</u>	<u>82 Cement</u>	<u>0</u>	<u>82</u>	<u>22 Sacks</u>
	<u>6</u>	<u>82</u>	<u>122</u>			

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 _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	<u>6 in.</u>	<u>+1</u>	<u>82</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4 1/2</u>	<u>0</u>	<u>122</u>	<u>#160</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>82</u>	<u>122</u>	<u>1/8x6</u>	<u>102</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 50 Drawdown _____ Drill stem at 122 Time 1 hr.

Temperature of water 57 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 9-S N or S. Range 1-W E or W, WM.
Section 28 NW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) None

(10) STATIC WATER LEVEL:
56 ft. below land surface. Date 10-19-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 72

From	To	Estimated Flow Rate	SWL
<u>72</u>	<u>73</u>	<u>2 gpm</u>	<u>56</u>
<u>96</u>	<u>104</u>	<u>50 gpm</u>	<u>56</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Brown Clay</u>	<u>3</u>	<u>16</u>	
<u>Gray Clay</u>	<u>16</u>	<u>20</u>	
<u>Gray Sandstone</u>	<u>20</u>	<u>42</u>	
<u>Gray Clay</u>	<u>42</u>	<u>72</u>	
<u>Black basalt</u>	<u>72</u>	<u>96</u>	<u>56</u>
<u>Broken black basalt</u>	<u>96</u>	<u>104</u>	<u>56</u>
<u>Black basalt</u>	<u>104</u>	<u>122</u>	

RECEIVED
NOV 10 1992
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-13-92 Completed 10-19-92

(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 Edward A. Schmal WWC Number 1227 Date 10-20-92

(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 Floyd Sippe WWC Number 1273 Date 10-20-92