

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

JUN 10 1993

SALEM, OREGON

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1952

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JUN 28 1993

(STATE CARD) #

51764

(1) OWNER:

Name D.O.T. - SANTIAM JUNCTION
Address 13000 HWY 20
City Sisters State ORE Zip 97759

Well Number DR-764

(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 236 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	33	CEMENT	0	33	25 SACKS
8"	33	96	CEMENT	90	96	4 SACKS
6"	96	236				

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: 6"	0	96	.250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 96'

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
16	19'		1 hr.
21	33		4
21	34'		24

Temperature of Water 39° 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 13 Range 7 ☒ or ☐ WM.
Section 14 NE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Sam2

(10) STATIC WATER LEVEL:

123 ft. below land surface. Date 5-21-93

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 171

From	To	Estimated Flow Rate	SWL
171	173	21 gpm	123

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
CINDER - BLACK - LOOSE	4	18	
CINDER - BLACK - PACKED	18	20	
SANDSTONE - GRAY - HARD	20	49	
VOLCANIC - UOIO	49	51	
VOLCANIC - RED - ROCK	51	91	
VOLCANIC - RED - CAVING	91	94	
VOLCANIC - RED - ROCK	94	116	
BASALT - DARK - GRAY	116	125	
BASALT - LIGHT GRAY	125	171	
BASALT - BLUE/GRAY	171	208	123'
BLACK-BASALT	208	219	
LAUA ROCK RED/GRAY CAVING	219	223	
LAUA ROCK - GRAY	223	236	

Date started 5-4-93 Completed 5-23-93

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 664
Signed Charles D. Luyt Date 5-24-93