

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

2
LINN
2399

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SEP - 6 1994

128/1w/31
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WATER RESOURCES DEPT. (START CARD) #

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

(1) OWNER:

Name Les Glaser Well Number DR-907
Address 30949 Pineway Co.
City LEGANON State ORE Zip 97355

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

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	39'	Bentonite	0	39'	18 Sacks	
6"	39'	266'					

How was seal placed: Method A B C D E

Other Poured Dry
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"	+1	39'	.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) 39'

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	Tele. pipe size	Casing	Liner
Table content is crossed out with a diagonal line.										

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
8 1/2		206	1 hr.

Temperature of water 53° 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 12 No or S Range 1 E or W WM.
Section 31 1/4 1/4
Tax Lot 160 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

G.L. _____ ft. below land surface. Date 8-23-94
Artesian pressure 2 lb. per square inch. Date 8-23-94

(11) WATER BEARING ZONES:

Depth at which water was first found 172'

From	To	Estimated Flow Rate	SWL
172	226	8 1/2 gpm	0

(12) WELL LOG:

Material	From	To	SWL
TOP SOIL	0	1	
CLAY - BROWN w/ COBBLES	1	9	
SANDSTONE - GRAY	9	48	
CLAYSTONE - BROWN	48	55	
SANDSTONE - BLUE/GRAY	55	96	
CLAYSTONE - BROWN	96	111	
SANDSTONE - GRAY	111	132	
BASALT - GRAY	132	163	
SANDSTONE - GRAY w/ QUARTZ	163	266	0

Date started 8-22-94 Completed 8-23-94

(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 1581
Signed LARRY GRAY Date 8-26-94

(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 664
Signed Chal D. Best Date 8-26-94