

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

JUL 27 1992

WATER RESOURCES DEPT.

MAIT
 2779

19S/46E/13ad

(START CARD) # 16040

(1) OWNER:
 Name **G.W. Stringer/Stringer Bros**
 Address **1600 Park Ave**
 City **Nyssa** State **OR** Zip **97913**

SALEM, OREGON
 Well Number: #2

(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 **205** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
15"	0	25	Bentonite	0	25	1150 #
10"	25	205				

How was seal placed: Method A B C D E
 Other **690-210-340 (1)**

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	
				Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Plastic	Welded	Threaded
Casing: 10"	+1		.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) **51'**

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	50	1/4"	30/ft			<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min **580** Drawdown **90.5'** Drill stem at _____ Time **3hr 55min**

Temperature of water **62** 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 **Malheur** Latitude _____ Longitude _____
 Township **19 S** N or S, Range **46 E** E or W, WM.
 Section **13** **SE** 1/4 **NE** 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Gem & Clark**

(10) STATIC WATER LEVEL:
28' 2" ft. below land surface. Date **7/3/92**
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
30	50	400 gpm	28
107	110	50	28
158	163	50	28
191	196	50	28

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	9	-
Brown Clay	9	32	-
Sand & gravel	32	52	28
Brown sand & sandstone	52	107	28
Sand	107	110	28
Blue claystone	110	158	28
Sand & sandstone	158	163	28
Claystone	163	179	28
Cemented sand	179	183	28
Claystone	183	191	28
Fine cemented sand	191	196	28
Blue clay	196	205	28

Date started **7/1/92** Completed **7/2/92**

(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 **Dave Clear** WWC Number **1510**
 Date **7/20/92**

(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 **[Signature]** WWC Number **1506**
 Date **7/20/92**