

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

MAH 3021

RECEIVED

MAY 16 1994

188/47E/466

WATER RESOURCES DEPT

(START CARD) # W41099

(1) OWNER: Well Number _____ SALEM, OREGON
 Name Fred & Jody Stark
 Address 797 N.W. 12th Street
 City Ontario State OR Zip 97914

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
16"	0	18	Bentonite	0	18	1000 lbs
12"	18	70				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	12"	+1	62		<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) 62'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
52'	62'	1/4 x 6"	50	12"		<input checked="" 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
50 gpm	-0-		1 1/2 hr.

Temperature of Water 56° 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 18 N or S. Range 47 E or W. W.M.
 Section 4 NW 1/4 NW 1/4
 Tax Lot 1600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 797 N.W. 12th St Ontario, OR 97914

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 4/14/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 45'

From	To	Estimated Flow Rate	SWL
41'	61'	50 gpm	30

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	8	
Brown Sandy Clay	8	41	
Sand & Gravel	41	61	30
Blue Sandy Clay	61	70	

Date started 4/12/94 Completed 4/14/94

(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 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 1470
 Signed [Signature] Date 4/14/94