

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

mark
 324

RECEIVED

Math
 324

WS/HTE/26ca

FEB - 6 1989

(START CARD) # _____

(1) OWNER:

Name BUD PERKINS (H.H. PERKINS) Well Number: WATER RESOURCES DEPARTMENT
 Address 4950 hiway 201 SALEM, OREGON
 City ontario State oregon 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 200 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10	0 25	bentonite	0 25	10	
10	25 76	cement	50 80	18	

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	
				Steel	Plastic	Welded	Threaded	Welded	Threaded		
Casing: 6	0	80	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Final location of shoe(s) 80

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	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"/>
						<input 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
80		200	1/2 hr.
			2

Temperature of water 59 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) RELOCATION OF WELL by legal description:

County Washington Latitude _____ Longitude _____
 Township 16 s N or S, Range 47 e E or W, WM.
 Section 26 ne 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 4950 hwy 201 ontario

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 1-10-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 70

From	To	Estimated Flow Rate	SWL
55	70	20	40
168	188	80	40

(12) WELL LOG:

Material	From	To	SWL
brown clay	0	55	
cemented gravel	55	70	40
blue clay	70	118	
fracture	118	119	40
blue clay	119	168	
sand white	168	188	40
blue clay	188	200	

Date started 1-5-89 Completed 1-10-89

(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 _____ WWC Number _____
 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.

Signed John J. Smith WWC Number 682
 Date 1-10-89