

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.785)

RECEIVED  
 JUN 25 1987

Malh 461  
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17S/47E-2ca

**(1) OWNER:** WATER RESOURCES DEPT.  
 Name PIONEER SCHOOL SALEM, OREGON  
 Address 4744 PIONEER RD.  
 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 \_\_\_\_\_

**BORE HOLE CONSTRUCTION:**  
 Special Construction approval Yes  No  Depth of Completed Well 145 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
16	0	60	CEMENT	0	60	5170 LBS.
10	60	145				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from 0 ft. to 145 ft. Size of gravel 1/8 minus

**(6) CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10	0	60	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	7" OD	0	145		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 60

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type 304 Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
134	139	20		8	tele	<input type="checkbox"/>	<input checked="" type="checkbox"/>
90	105	20		8	tele	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300+		145	1 hr
			8

Temperature of water 58 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom LYNDSY  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other NITRATE  
 Depth of strata: 14 / 36

**(9) LOCATION OF WELL by legal description:**  
 County MALHEUR Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 17 S Nor S. Range 47 E E or W. WM. \_\_\_\_\_  
 Section 2 N E 1/4 S W 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**  
16' ft. below land surface. Date 4/11/87  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 15'

From	To	Estimated Flow Rate	SWL
14	36	200+	16
85	92	100+	16
102	105	100+	16
135	138	100+	16

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
BROWN CLAY	0	9	
BROWN SAND (FINE)	9	14	
SAND & GRAVEL	14	30	16
BOULDERS	30	36	16
BLUE CLAY	36	60	
BLUE CLAY	60	80	
BLACK SAND	80	81	16
BLUE CLAY	81	85	
BLACK SAND	85	92	16
BLUE CLAY	92	102	
BLACK SAND	102	105	16
BLUE CLAY	105	109	
BLACK SAND	109	111	16
BLUE CLAY	111	135	
BLACK SAND	135	138	16
BLUE CLAY	138	145	

Date started 4/7/87 Completed 4/17/87

**(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. My 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 682  
 Signed [Signature] Date 5/6/87