

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

*MARK
1755*

JUL - 6 1990

55/2w/11aa

WATER RESOURCES DEPT.
 SALEM OREGON

(START CARD) # 18455

(1) OWNER:

Name Harold Miller
 Address P.O.Box 379
 City Hubbard State OR Zip 97032

(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 138 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Bentonite	0	20	14 sacks
6"	20	138				

How was seal placed: Method A B C D E
 Other Granulsr bentonite OAR 690-210-340

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"	+14"	128'7"	.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) 128'7"

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Houston Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
123'6"	130'6"	Blank	5"	liner & packer		<input type="checkbox"/>	<input type="checkbox"/>
130'6"	135'8"	.080				<input type="checkbox"/>	<input type="checkbox"/>
135'8"	138'4"	5"	pipe with cap & bail			<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250		126'	1 hr. 5hr 30min.

Temperature of water 52 degrees Depth Artesian Flow Found _____

Was a water analysis done? Yes Bywhom _____

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 Marion Latitude _____ Longitude _____
 Township 5S N or S, Range 2W E or W, WM.
 Section 11 NE 1/4 NE 1/4
 Tax Lot 44046-000 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 16406 Butteville Rd.

(10) STATIC WATER LEVEL:

27 ft. below land surface. Date 6/26/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 131'

From	To	Estimated Flow Rate	SWL
131'	136'	250	27

(12) WELL LOG:

Material	From	To	SWL
Top soil	0	5	
Clay brown	5	15	
Clay grey sandy	15	35	
Clay grey sticky, harder	35	98	
Clay brown, sticky	98	115	
Clay grey hard	115	131	
Rock & sand W.B.	131	136	27
Clay grey, soft	136	138	

Date started 6/15/90 Completed 6/26/90

(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 Reeves WWC Number 284
 Date 6/29/90