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

Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPARTMENT  
SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
Name Harold M Miller  
Address PO Box 989  
City Jefferson State ore Zip \_\_\_\_\_

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 116 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
16	0 20'	concrete gravel	0 20'	26	
12	1 1/2 38'	steel	1 1/2 38'		
10	2 49'	steel			
10	49 1/2 116'	open hole			

How was seal placed: Method  A  B  C  D  E  
 Other  
Backfill placed from 30 ft. to 30' ft. Material concrete gravel  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	1 1/2	38'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10	2	49'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 38'

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
37	48	1/4x1/4	80		10	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min 60 Drawdown 30 Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 52 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? no  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use? no  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Marion Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 9S N or S Range 3W E or W. WM. \_\_\_\_\_  
Section 22 SW 1/4 SW 1/4 \_\_\_\_\_  
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 938 Anthony  
Well Rd Jefferson or 97352

(10) STATIC WATER LEVEL:  
10 ft. below land surface. Date 4-11-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 38

From	To	Estimated Flow Rate	SWL
38	48	1007	10

(12) WELL LOG:  
Ground Elevation 250

Material	From	To	SWL
Top Soil	0	3	
Clay Brown	3	15	
Clay Grey Hard sticky	15	38	
Loam Grey SP fa Irreg	38	43	10
Med gravel Hard sandy	43	48	10
Clay Brown med Hard	48	66	
Clay Brown Grey fine med	66	112	
Clay Brown Hard sandy	112	116	

Date started 2-28-95 Completed 4-11-95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
WWC Number 610  
Signed Bob Scheler Date 4-12-95