

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

MAR 1
50210

(START CARD) # 42282

(1) OWNER: Well Number _____
Name Bob & Nancy Guinn
Address P.O. Box 2631
City Lyon State ORE Zip 97358

(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 97 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bentonite	0	18	14 SACKS
6	18	97				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Bentonite Dry

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	1	95	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 95

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
48	8.8		1 hr.

Temperature of Water 53 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 Morrow Latitude _____ Longitude _____
Township T8S N or S. Range 24 E or W. WM.
Section 36 56 54 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8813 West
Stanton Rd Aumsville ORE 97322

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date 7-7-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
18	23	7 gpm	16
57	63	48 gpm	7
78	93	48 gpm	7
95	97	48 gpm	7

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Top Soil	0	6"	
Gravel small	6	12	
Cemented Gravel	12	57	16
Clay Gravel Brown	57	65	7
Cemented Gravel	65	78	
Sand Brown	78	83	7
Cemented Gravel	83	85	
Sand Brown	85	93	7
Cemented Gravel	93	97	7

Date started 5-26-94 Completed 7-7-94

(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. This report 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 653
Signed Steve Oelke Date 7-9-94