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MORROW
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STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # W-21240

(1) OWNER:

Name Ladd Farms
Address P O Box 197
City Tone State Ore Zip 97843

Well Number: _____

(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 460 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	18	ptd cem	0	18	15
12	18	494				

How was seal placed: Method A B C D E
 Other tremie

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	+2	18	.25	<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 shoets) _____

(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
1000	300	300	1 hr.
700		200	
200		100	

Temperature of water 64 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 1S N or S. Range 24E E or W. WM. _____
Section 7 NW $\frac{1}{4}$ NW NW
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

$\frac{54}{100}$ ft. below land surface. Date 3/12/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	171	300	
318	324	700	
396	408	900	$\frac{54}{100}$
443	460	1000+	$\frac{54}{100}$

(12) WELL LOG:

Ground elevation 980 54

Material	From	To	SWL
soil	0	12	
gray basalt	12	25	
brown basalt	25	30	
gray basalt	30	45	
brown basalt	45	49	
gray basalt	49	130	
brown scoria	130	171	
brown basalt	171	185	
gray basalt	185	260	
black basalt	260	318	
broken gray basalt	318	324	
gray basalt	324	396	
red scoria	396	408	
gray basalt	408	418	
brown scoria	418	425	
black basalt	425	443	
caving brown basalt	443	460	
black basalt	460	494	

Date started 3/4/91 Completed 3/13/91

(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 544

Signed _____ Date 3/13/91

(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 544

Signed Larry Burd Date 3/13/91