

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

RECEIVED

JUL 19 1993

MORR
 1606

45/28E/27
 W-45089

(START CARD) #

WATER RESOURCES DEPT.
 SALEM, OREGON

(1) OWNER:
 Name CUTSFORTH PART
 Address HEPPNER
 City HEPPNER State OR Zip _____

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	51				
8	51	425	PTD cem	51	0	22

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

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	72	51	.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 shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method NA
 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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 10 Drawdown 56 Drill stem at 3 ft. Time _____

Temperature of Water 63 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom OWNERS - REP.
 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 45 N or S, Range 28 E E or W. WM.
 Section 27
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 6-30-93
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
24	28	4	30
150	175	8	18
250	275	16	18
400	425	20	18

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
SOIL	0	15	
GRANITE, TAN, SOFT	15	24	
GRANITE, BROWN HARD	24	75	30
GRANITE WHITE HARD	75	100	
GRANITE WHITE HARD	100	125	
GRANITE WHITE	125	150	
GRANITE HARD	150	175	
GRANITE	175	250	
GRANITE	250	275	18
GRANITE	275	325	
GRANITE GREY, GREEN, WHITE	325	350	
GRANITE	350	400	18
GRANITE	400	425	18

Date started 6-9-93 Completed 6-18-93

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed GREG DENNIS WWC Number 588 Date 6-18-93

(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 Jerry Burt WWC Number 544 Date 6-18-93