

5

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

1628

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MAR - 4 1994

IN/27E/26bc

(START CARD) # *W-53761*

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

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number _____
Name *HATHRYN HRELY*
Address *RT 2 BOX 2275*
City *HEPONA* State *OR* Zip *97836*

(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 *810* ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<i>9 7/8"</i>	<i>515</i>	<i>810</i>	<i>NA</i>			
			<i>PTDCM</i>	<i>0</i>	<i>40</i>	<i>12</i>

How was seal placed: Method A B C D E
 Other *TRENCH*
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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<i>10</i>	<i>0</i>	<i>40</i>	<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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<i>1000+</i>		<i>350</i>	<i>1 hr.</i>

Temperature of water *74* 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 *1N* N or S Range *27E* E or W. WM.
Section *26* SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
152 ft. below land surface. Date *3-1-94*
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found *741*

From	To	Estimated Flow Rate	SWL
<i>741</i>	<i>762</i>	<i>1000+</i>	<i>152</i>
<i>797</i>	<i>810</i>	<i>1000+</i>	<i>152</i>

(12) WELL LOG: Ground Elevation *1460*

Material	From	To	SWL
<i>GRAY Basalt</i>	<i>515</i>	<i>741</i>	
<i>RED W/ALY STONE</i>	<i>741</i>	<i>762</i>	
<i>BROWN BROKEN</i>	<i>762</i>	<i>775</i>	
<i>GRAY Basalt</i>	<i>775</i>	<i>797</i>	
<i>Black BROKEN</i>	<i>797</i>	<i>810</i>	

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SALEM, OREGON

Date started _____ Completed *3-1-94*

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed *PERRY STORKAMP* WWC Number *1532* Date *3-1-94*

(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.

Signed *Jerry Bund* WWC Number *544* Date *3-1-94*