

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

RECEIVED

MORR 576

3N/24E-15bn

NOV 14 1986

(1) **OWNER:** Name Boeing Aerospace Co. Owner's Well Number: _____
 Address P.O. Box 3999 WATER RESOURCES DEPT SALEM, OREGON
 City Seattle State WA Zip 98124-2499

(9) **LOCATION OF WELL by legal description:**
 County Morrow Latitude _____ Longitude _____
 Township 3N N or S, Range 24E E or W, WM.
 Section 15 NE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Remote Antenna Range, Boardman, OR 97818

(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:**
 Depth of Completed Well 730 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount		
meter	From	From	To	sacks or pounds		
14"	0	525	Cement	0	510	330 sacks
10"	525	730				

How was seal placed? Method A B C D E
 Other _____

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	
					✓	□	□	□	□	□	□	□
	14"	+1	87	.250	✓	□	□	□	□	□	□	□
	10"	+1	510	.250	✓	□	□	□	□	□	□	□

Liner: _____

Final location of shoe(s) 87'

(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"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1500 Pumping level _____ Drill stem at 730' Time 1 hr

Temperature of water _____ 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: _____

(10) **STATIC WATER LEVEL:**
160 ft. below land surface. Date 9-22-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WELL LOG:** Ground elevation _____

Material	From	To	WB?	SWL
Sand	0	72		
Brown clay	72	80		
Gray basalt	80	147		
Soft brown basalt	147	162		
Soft brown basalt with brown clay	162	185		
Gray basalt	185	194		
Brown + gray basalt with green soapstone	194	212	WB	
Hard gray basalt	212	260		
Hard gray basalt	260	310		
Soft porous gray basalt	310	316	WB	
Green clay	316	374		
Gray basalt with green clay	374	458		
Broken gray basalt	458	462	WB	
Soft brown + green clay	462	480	WB	
Brown clay	480	512	WB	
Black basalt with some green soapstone	512	570	WB	
Very hard gray basalt	570	609		
Soft gray basalt with green soapstone	609	614	WB	
Gray basalt	614	710		
Soft gray basalt with soapstone	710	730	WB	

Date started 8-26-86 Completed 9-22-86

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed Patrick C. Wallace Date 10-1-86
 Company Wallace Drilling Co. Job No. _____