

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

RECEIVED

MAR 18 1987

MORROW 658

*4N/24E-14d6
 Deep & Record.*

(1) **OWNER:**
 Name Larry Fades
 Address Rt. 1, Box 22-A
 City Boardman State OR Zip 97818

Well Number _____
WATER RESOURCES DEPT.
SALEM, OREGON

(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
 Normal Injection Other _____

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 700 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	From To	sacks or pounds
6"	650 700	N/A			

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:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>N/A</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6"</u>	<u>0</u>	<u>390</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailor Air Flowing Artesian
 Yield gal/min 100+ Drawdown _____ Drill stem at 700 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: _____

(9) **LOCATION OF WELL by legal description:**
 County Morrow Latitude _____ Longitude _____
 Township 4N N or S, Range 24E E or W, WM.
 Section 14 NW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rt. 1, Boardman, OR 97818

(10) **STATIC WATER LEVEL:**
 _____ ft. below land surface. Date 12-18-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>650</u>	<u>700</u>	<u>50</u>	

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

Material	From	To	SWL
<u>Soft gray basalt with some green soapstone</u>	<u>650</u>	<u>700</u>	<u>WB</u>

Date started 12-11-86 Completed 12-18-86

(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 _____
 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 1218
 Signed Patrick C Wallace Date 1-17-87