

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

RECEIVED Polk 012 75/4W/5 CE
 MAY 9 1990 (START CARD) # 17988

(1) OWNER:

Name GRANT G. BEUNKER
 Address 3600 OAK GROVE RD.
 City RICKREALL State ORE Zip 97304

WATER RESOURCES DEPARTMENT LOCATION OF WELL by legal description:

County Polk Latitude _____ Longitude _____
 Township 75 N or S, Range 4W E or W, WM.
 Section SW 1/4 SW 1/4
 Tax Lot 901 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME AS # 1

(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 71' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	39'	CEMENT	0'	39'	9 SACKS
6"	39'	71'	-	-	-	-

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	6"	+1	39'	250	<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: NO

Perforations Method _____
 Screens Type _____ Material _____

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 Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75 gpm	52'	71'	4 hr.

Temperature of water 57° Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little NO
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:

19' ft. below land surface. Date 4-6-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60'	71'	75 gpm	19'

(12) WELL LOG:

Material	From	To	SWL
TOP SOIL	0	2	
CLAY YELLOW STICKY	2	4	
BASALT WEATH FIRM	4	34	
CLAYSTONE BLUE FIRM	34	71	19'

Date started 4-5-90 Completed 4-6-90

(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 1274
 Signed James R. Sneed Date 4-13-90