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W-25273

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

MAY - 3 1993 (START CARD) #

(1) OWNER: Name Marvinn Sams Well Number: \_\_\_\_\_  
Address Rt. 2 Box 30  
City Milton-Freewater State Or. Zip 97862

WATER RESOURCES DEPT. OF WELL by legal description:  
SALEM, OREGON

County \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 6-N N or S. Range 35-E E or W, WM.  
Section 34 1/4 1/4  
Tax Lot 01700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Rt., 2, Box 30  
Milton-Freewater, Or. 97862

(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 20 ft.  
Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
<u>8 1/4"</u>	<u>0</u>	<u>25</u>	<u>Cemtnt</u>	<u>0</u>	<u>25</u>	<u>8 sacks</u>
<u>8"</u>	<u>25</u>				<u>320'</u>	

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/LINERS

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>8"</u>	<u>0</u>	<u>255'</u>	<u>.025</u>	<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 shoets) \_\_\_\_\_

(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 220 Drawdown 35 Drill stem at \_\_\_\_\_ Time 1 hr.  
6 hrs.

Temperature of water 58 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:  
130 ft. below land surface. Date 3-5-93  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
<u>32</u>	<u>35</u>		<u>20</u>
<u>75</u>	<u>80</u>		<u>53</u>
<u>210</u>	<u>298</u>		<u>38</u>
<u>310</u>	<u>320</u>		<u>130</u>

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>15</u>	
<u>Brown Clay Gravel</u>	<u>15</u>	<u>32</u>	
<u>Gravel water bearing</u>	<u>32</u>	<u>35</u>	<u>20</u>
<u>Cemented gravel</u>	<u>35</u>	<u>55</u>	
<u>Brown clay</u>	<u>55</u>	<u>75</u>	
<u>Gravel some clay</u>	<u>75</u>	<u>80</u>	<u>53</u>
<u>Blue clay mixed w/brown</u>	<u>80</u>	<u>180</u>	
<u>Broken black soft</u>	<u>180</u>	<u>210</u>	
<u>Broken black little clay</u>	<u>210</u>	<u>295</u>	
<u>Broken black</u>	<u>295</u>	<u>296</u>	<u>38</u>
<u>Broken red rock</u>	<u>296</u>	<u>310</u>	
<u>Broken black basalt</u>	<u>310</u>	<u>320</u>	<u>130</u>

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JUN - 7 1993

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 12-9-92 Completed 3-8-93

(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.  
Signed Marvinn Sams WWC Number \_\_\_\_\_ Date 4-29-93

(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 Raymond Harding WWC Number 245 Date 4-29-93