

438-9773  
UMAT  
6053

RECEIVED 509-525-8790  
JUL 25 1994  
SPECK 1/34  
6N/35E/34  
cb  
(START CARD) # W-63747

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

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

(1) OWNER:

Name Frank Ward

Address \_\_\_\_\_

City Malton - Free Water State OR Zip 97140

WATER RESOURCES DEPT. SALEM, OREGON

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
14 3/4"	0	33	P II Cement	-3	33	22 sacks
10"	+2	270				
8"	270	363				

How was seal placed: Method  A  B  C  D  E

Other trimming pipe

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: 10"	+2	33	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8"	+2	350	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8" drive shoe 350

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<del>_____</del>							

(8) WELL TESTS: Minimum testing time is 1 hour

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200+		350	1 hr.
135+		200	
30+		125	

Temperature of water 60°F 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 Wash Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 6N N or S Range 35E E or W. WM. \_\_\_\_\_  
Section 34 NW 1/4 SW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:

120 ft. below land surface. Date 7/18/94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 58

From	To	Estimated Flow Rate	SWL
-58	-81	5	
-81	-208	20	
-208	-233	100+	45
-350	-363	200+	120

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Soil w/rock	0	9	
Cemented gravel	9	233	
Sand	233	269	
Blue Clay	269	348	
Broken Basalt	348	350	
Black w/Blue	350	363	120

Date started 7-6-94 Completed 7-18-94

(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 Greg Dennis WWC Number 1588  
Date 7-18-94

(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 Fory Band WWC Number 544  
Date 7-18-94