

MAY 11 1959

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STATE ENGINEER,
SALEM, OREGON

STATE ENGINEER WATER WELL REPORT

SALEM, OREGON STATE OF OREGON

State Well No. 1N/39-4M

State Permit No. _____

(1) OWNER:

Name Lee Smith
Address Elgin Ave

(2) LOCATION OF WELL:

County Union Owner's number, if any—N.W. 1/4 S.W. 1/4 Section 4 T. 1N R. 39E W.M.Bearing and distance from section or subdivision corner 228°Sand 276°E from N.W. corner ofthe N.W. 1/4 of the S.W. 1/4 of sec. 4T. 1N Range 39E. W.M. 1

45.59373000

-117.95060000

71357 VALLEY VIEW RD, ELGIN, OR 97827

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐ Rotary ☐ Driven ☐Irrigation ☐ Test Well ☐ Other ☐ Cable ☒ Jetted ☐Dug ☐ Bored ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☒6" Diam. from 1 ft. to 6.2 ft. Gage 230

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Type of perforator used Cutting torch Perforated? ☒ Yes ☐ NoSIZE of perforations 3/16 in. by 6 in.104 perforations from 3.2 ft. to 6.2 ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed ☐ Yes ☒ No

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Was well gravel packed? ☐ Yes ☒ No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

Was a surface seal provided? ☒ Yes ☐ No To what depth? 17 ft.Material used in seal— casing ring plug, cuttingsDid any strata contain unusable water? ☐ Yes ☒ No from well

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(10) WATER LEVELS:

Static level 8 1/2 ft. below land surface Date 4/29

Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by: _____

[Signed] Lee Smith 4/30, 1959

(Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom? _____

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " "

" " " "

" " " "

Bailer test 21 gal./min. with 46 ft. drawdown after 1 hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water 52 Was a chemical analysis made? ☐ Yes ☒ No

(12) WELL LOG:

Diameter of well 6 inches.Depth drilled 72 ft. Depth of completed well 71 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
top soil	0	8
Clay yellow	8	12
sandy	12	14
Clay blue green color	14	18
sandy	18	19
Clay	19	25
Coarse sand little water	25	26
gravel Clay packed	26	29
small gravel top two yellow	29	30
Gravel clay packed water	30	33
Clay yellow	33	35
Coarse sand 3 gal water	35	36
gravel Clay packed	36	46
Gravel clay packed	46	53
Coarse sand coarse	53	54
5 gal water		
Clay some gravel	54	60
fine gravel & sand	60	62
Gravel clay packed	62	66
sand	66	67
sandy clay blue green	67	70
Gravel & sand	70	72

Work started April 24 1959 Completed April 29 1959

(13) PUMP:

Manufacturer's Name _____

Type: _____ H.P. _____

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME O.C. Tandy

(Person, firm, or corporation) (Type or print)

Address North Powder AveDriller's well number 57[Signed] O.C. Tandy

(Well Driller)

License No. 29 Date 4/29/, 1959

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

UNIO 1665

46398

WELL IDENTIFICATION APPLICATION FORM**BUYER/CURRENT WELL OWNER:**Name: Steve & Linda HowlandMailing Address: 71357 Valley View Rd.City: Elgin State: OR Zip: 97827 Phone: () _____**WELL LOCATION:**County: Union Owner's Well Number: _____Township: N N or S, Range: 39 E or W, Section: 4 _____ 1/4 _____ 1/4Tax Lot Number: 700 Type of Well: water supply ☒ monitoring _____

Street Address of Well (if different from above): _____

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

RECEIVED

OCT 10 2000

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