

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

Page 1

LAND 2046

FEB 11 1991
 Start Card No
 WATER RES 4897

15/37E/32 Ca

(1) OWNER: Owner's Well Number: _____
 Name Elwyn Bingaman
 Address 65545 Ember Road
 City COVE State OR Zip 97824

(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:
 Depth of Completed Well 1802 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	or pounds
15 1/4"	0 300	Cement	0 100	100	
12"	1400 1418		1075 1155	38	
10"	1418 1802				

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
16"	2	94	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 3/4"	94	1153	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
1292	1292			10 5/8	61'	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1292	1392	3/16	13800	10 5/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1362	1802	3/16	35300	8 5/8	30'	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Pumping level _____ Drill stem at _____ Time 1 hr
494

Temperature of water 85° Depth Artesian Flow Found 1418
 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 0
 Depth of strata: 0

(9) LOCATION OF WELL by legal description:
 County Union Latitude _____ Longitude _____
 Township 15 N or S, Range 39 E or W, WM.
 Section 32 NE 1/4 SW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 65545 Ember Road, COVE, OR 97824

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure 32 lb. per square inch. Date 2-8-90

(11) WELL LOG: Ground elevation 1

Material	From	To	WB?	SWL
Top soil	0	1		
Sand CLAY TAN	1	9		
Sand SAND Stone	9	195		
Clay Tan	195	230		
Sand Green fine	230	240		
Clay Gray Soft	240	380		
Clay Green Soft	380	475		
Clay Tan Soft	475	531		
Sand Clay Brown	531	613		
Sand Clay Brown	613	636		
Clay Brown	636	637		
Sand Brown	637	648		
Clay Gray	648	669		
Clay Soft Green	669	728		
Sand Green	728	736		
Clay Green	736	759		
Sand & Clay Green	759	770		
Sand Coarse	770	778		
Sand & Clay Green	778	782		
Clay Green	782	820		
Clay & Gravel Sm	820	980		
Clay & Shale Hard Green	980	998		
Clay Green Soft	998	1065		
Clay Brown	1065	1068		
Clay Green Hard	1068	1070		
Besalt Hard Broken Gray	1070	1180		
Clay Hard Green	1180	1184		
Clay Red Soft	1184	1185		
Clay Green Besalt Gray	1185	1197		
Clay Gray Besalt BIK	1197	1204		
Clay Green Soft BIK Besalt	1204	1211		

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed Wally Lowe Date 2-8-90
Lowe Well Drilling Co. Job No. 1-ic WWC 1394

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

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UNNO
2046

FEB 11 1991

WATER RESOURCES DEPT.

(1) OWNER: Owner's Well Number: _____

Name Elwyn Bingaman
 Address 65545 Imber Road
 City Cove State OR Zip 97824

(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:

Depth of Completed Well _____ ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) _____

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time 1/4 hr
			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 Union Latitude _____ Longitude _____
 Township 15 N or S, Range 39 E or W, WM.
 Section 32 NE 1/4 SW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 65545 Imber Rd.

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Clay Brown Black Besalt	1211	1214		
Clay Brown Soft Bk. Besalt	1214	1219		
-lt				
Clay Gray Soft Black	1219	1247		
BESALT				
Gray Besalt Hard drill	1247	1266		
gray clay				
Besalt Bk. Clay Bk.	1266	1271		
Soft	1271	1303		
Clay Green Besalt Bk.	1271	1303		
Besalt Gray Hard	1303	1357		
Broken Clay Green				
Besalt Gray Clay Green	1357	1361		
Broken Shale				
Red Cinders Clay	1361	1418		
Green & Red				
Besalt Bk. Broken	1418	1421		
water flowing				60 g.p.m.
Clay Red Cinders Red	1421	1447		
Besalt Bk. Soft	1447	1462		
Besalt Bk. Clay Green	1462	1509		
Cinders Red				
Besalt Gray Hard	1509	1515		
Besalt Black Clay	1515	1520		
Gray				
Besalt Black	1520	1563		
Besalt Black Clay Brown	1563	1568		
Besalt Black Cinders	1568	1575		
Red				
Besalt Black Broken	1575	1585		
Clay Brown Besalt Bk.	1585	1590		

Date started _____ Completed _____

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I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

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I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed _____ Date _____

Company _____ Co. Job No. _____

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 (as required by ORS 537.765)

Page 3



(1) OWNER: Owner's Well Number: _____
 Name Elwyn Bingaman
 Address 65545 Timber Road
 City Cove State OR Zip 97824

(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:
 Depth of Completed Well _____ ft.
 Special Standards date of approval _____

HOLE Diameter		SEAL		Amount
From	To	Material	To	sacks or pounds

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:				<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"/>	<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"/>
				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<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"/>	<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"/>
				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(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"/>
						<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

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr	Time 1 hr

Pump Bailer Air Flowing Artesian

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:
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Cove, OR 97824

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

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
<u>Besalt Black Broken</u>	<u>1590</u>	<u>1594</u>		
<u>Shale</u>				
<u>Besalt Black Broken loose</u>	<u>1594</u>	<u>1596</u>		
<u>Cinders Red</u>	<u>1596</u>	<u>1600</u>		
<u>Besalt Black</u>				
<u>Besalt Gray Broken</u>	<u>1600</u>	<u>1787</u>		
<u>Besalt Blk. Shale</u>	<u>1787</u>	<u>1802</u>		
<u>Green</u>				
<u>Besalt Blk. Clay Red</u>	<u>1802</u>			
<u>Cinders Red</u>				

RECEIVED

APR 12 1991

WATER RESOURCES DEPT. SALEM, OREGON
 FEB 11 1991
 SALEM, OREGON

Date started 7-8-89 Completed 2-8-90

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
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