

15/39E/17 ca

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

RECEIVED

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2017

start Card # 74379

APR 1 2 1991

(1) OWNER:

Name Roves Farms
Address 64900 Courtney Ln.
City Summerville State OR Zip 97876

Owner's Well Number: 2

(9) LOCATION OF WELL by legal description:

County Union Latitude _____ Longitude _____
M. Township N 17 N or S Range R 39 E or W. WM. W 1/4 SW 1/4
Section 17 Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) BROOKS LAKE CO RES

(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 sacks or pounds
Diameter	From To	Material	From To	
6"	0 120	cement	0 120	600
2.0"	0 590	cement	0 590	315
15 1/4"	126 590		590 696	

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:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	20"	0	126	325	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	0	590	325	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 590

(7) PERFORATIONS/SCREENS:

Perforations Method MANUFACTURE
 Screens Type Basco Ross Material Stain. Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
580	586	250		12 3/4	12 3/4	250	<input checked="" type="checkbox"/>
586	628			12 3/4	12 3/4		<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian
Yield gal/min 1660 Pumping level _____ Drill stem at _____ Time 1/2 hr
1 hr

Temperature of water 71° Depth Artesian Flow Found 636

Was a water analysis done? Yes By whom Carey Labs

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other

Depth of strata: 636-680

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure 26 lb. per square inch. Date 10-9-90

(11) WELL LOG:

Material	From	To	WB?	SWL
Topsoil	0	1		
Sand Clay	1	30		8'
Clay & Sand	30	67		
CLAY & Sand	67	85		
Shale				
Sand + Clay	85	97		
Clay	97	427		
Clay	427	432		
Soft				
Clay	432	448		
Sand in Clay				
Sand	448	450		
Sand				
Sand & Clay	450	532		
Sand	532	537		
Clay	537	551		
Clay				
Clay	551	575		
Sand				
Basalt	575	635		
Soft & Gray Clay				
Basalt	635	636		
Green Clay				
Basalt	636	638		
Well is flowing	1500			
Basalt	638	698		
and Green Clay				
Clay	698	708		
Soft & Swelling				
Clay	708	751		
Black Basalt				

Date started 3-17-90 Completed 9-2-90

(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.

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 Walter Lowe Date 9-14-90

Company Lowe Well Drilling Co. Job No. 1399

FEB 27 1991

UNION
2047

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

(1) OWNER: Name RAYES FARMS Owner's Well Number: _____
Address _____
City _____ State _____ Zip _____

(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 Material		Amount sacks or pounds
From	To	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	SEAL			
				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"/>
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"/>

(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

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 _____ Latitude _____ Longitude _____
Township _____ N or S, Range _____ E or W, WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(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 MULTI Colored	731	815		
CLAY WAS CASING IN ALL THE TIMES BECAUSE OF FLOWING WATER DID NOT MUD UP TO DRILL DEEPER HOLE FILLED SELF IN WATER UNDER 12 IN. SCREEN.				
RECEIVED APR 2 1991 WATER RESOURCES DEPT. SALEM, OREGON				
Well started flowing before casing was set to contain flows set 20" casing & cemented it in before running 16" casing could be completed with 600 sacks of cement to seal 20" casing because of wash out from approximately 84'-90' shale trap on last 3 ft of 16" casing. Cemented flow shoe installed was designed to let artesian flow to come through it so cement was not washed out in setting 16" casing				

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 _____ Date _____
Company _____ Co. Job No. _____