

SEP 28 1989

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

WATER RESOURCES DEPT.
 SALEM, OREGON

UN18
 2312

(START CARD) # 6509

25/39E/3566

(1) OWNER:

Name B. L. Davis Well Number: _____
 Address Adams, Ore
 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:

Special Construction approval Yes No Depth of Completed Well 950 ft.

Explosives used ☐ ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
15	0	950	cement	0	20	25 sacks

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other trimie

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:	12	+3	950	.375	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 951 feet

(7) PERFORATIONS/SCREENS:

☒ Perforations Method saw cut
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
489	950	1/8x4	11	.088		☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800	300	320	1 hr.

Temperature of water 70 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 2 S N or S, Range 39 E E or W, WM.
 Section 35 NW 1/4 NW 1/4 NW
 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) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
00	35	977Y	3

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
clay	00	35	3
green sand	35	38	
brown clay	38	45	
sandy clay	45	95	
pea gravel	95	100	
clay	100	105	
fine sand	105	115	
fine gravel	115	135	
green sandstone	135	140	
green clay	140	200	
black sand	205	210	
black clay	210	360	
green clay	360	380	
black sand	380	390	
black clay	390	455	
green clay	455	525	525
black clay	525	675	675
shale and gravel	660	675	
white sand and black clay	675	905	
black clay	905	950	

Date started 7-30-89 Completed 8-28-89

(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.

WWC Number _____
 Signed _____ Date _____

(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.

WWC Number 544
 Signed Larry Burd Well Drilling Inc Date 8-28-89