

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

UNTO
 2481

RECEIVED

AUG 10 1994

30/40E/700

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 45411

(1) OWNER: Well Number _____
 Name Dee Wane Johnson
 Address 61050 conley Rd
 City Cove OR State OR Zip 97824

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other Reverse Rotary

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 270 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From		To	Material	SEAL From		To	Amount sacks or pounds
28	0	345	Concrete	0	60	7 c.y.		

How was seal placed: Method A B C D E
 Other Pumped from 60' to surface

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 345 ft. to 60 ft. Size of gravel 3/8"

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+1	75	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	85	105	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	115	125	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	155	250	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	16"	260	270	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type Vee Wire Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
75	85	.40		16	pipe	<input type="checkbox"/>	<input type="checkbox"/>
105	115	.40		16	pipe	<input type="checkbox"/>	<input type="checkbox"/>
125	155	.40		16	pipe	<input type="checkbox"/>	<input type="checkbox"/>
250	260	.40		16	pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100	245'	255'	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of Water 55 Depth Artesian Flow Found + 1'
 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 3 S N or S. Range 40 E E or W. WM. _____
 Section 7 se ¼ se ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) HW 237 Post 10

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 6/25/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 6'

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	+1
Silty brown clay	2	14	
1" minus gravel	14	32	
lite brn clay	32	35	
1" minus gravel	35	46	
grey clay	46	52	
1" minus gravel	52	57	
brown clay	57	69	
grey clay	69	75	
1" minus gravel	75	85	
green clay	85	91	
1" minus gravel	91	97	
brown clay	97	105	
1" minus gravel	105	112	
brn clay	112	133	
1" minus gravel	133	157	
blue clay	157	162	
coarse sand	162	164	
blue clay	164	250	
1" minus gravel	250	255	
sandstone and sand	255	263	
blue clay	263	345	

Date started 6/21/94 Completed 6/25/94

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number 1342
 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 1342
 Signed Frank Christian Date _____