

OBSERVATION WELL

UWO
205

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

WATER WELL REPORT

STATE OF OREGON (Please type or print)

State Well No. 1/39-20C (1)

State Permit No. _____

(1) OWNER:

Name Clayton Fox
Address Imbler, Oregon

(2) LOCATION OF WELL:

County Union Driller's well number _____
NE 1/4 NW 1/4 Section 20 T.1 S., R. 39 E., W.M.
Bearing and distance from section or subdivision corner
Drilled by R. J. Strasser, Bucyrus Erie Co. and Stardrill Co.

(3) TYPE OF WORK (check):

Flow Well Deepening Reconditioning Abandon
Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:

Threaded Welded

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

(7) PERFORATIONS:

Perforated? Yes No

Type of perforator used _____

Size of perforations in. by in.
..... 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 _____
Model No. _____
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Well seal—Material used in seal _____
Depth of seal ft. Was a packer used? _____
Diameter of well bore to bottom of seal in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from ft. to ft.
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level ft. below land surface Date _____
Artesian pressure lbs. per square inch Date _____

(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	gal./min. with	ft. drawdown after	hrs.
Artesian flow	g.p.m. Date		
Temperature of water	Was a chemical analysis made? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(12) WELL LOG:

Diameter of well below casing _____

Depth drilled ft. Depth of completed well 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
soil and brown clayey sand	0	10
sand, medium-grained, dark brown and clay, 2-3 feet of coarse sand in the interval 14 to 19 feet	10	19
sand, medium-grained, brown, clayey	19	36
sand, medium to fine, clean	36	46
sand, clayey to sandy clay, brown clay, sand to clayey sand, brown contains some coarse basaltic sand grains	46	86
sand, very coarse, clean	86	104
sand, fine, clayey, brown	104	106
sand, cemented, fine, brown	106	117
clay, sandy brown	117	121
silt, clayey, dark blue-gray sandy at places	121	131
silt, clayey, getting harder and greener at bottom	131	146
sand, fine, hard	146	165
clay, silty, dark blue black contains thin sandy beds	165	166
	166	305

SEE CONT. LOG

Work started 19 Completed 19
Date well drilling machine moved off of well 19

(13) PUMP:

Manufacturer's Name _____
Type: _____ H.P. _____

Water Well Contractor's Certification:

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

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

Address _____

Drilling Machine Operator's License No. _____

[Signed] _____ (Water Well Contractor)

Contractor's License No. _____ Date _____, 19 _____

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WATER WELL REPORT

STATE OF OREGON
(Please type or print)

State Well No. 1/39-20 C (1)

State Permit No. _____

(1) OWNER:

Name Clayton Fox
Address _____

(2) LOCATION OF WELL:

County _____ Driller's well number _____
 1/4 Section T. R. W.M.
 Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

Drill Well Deepening Reconditioning Abandon
 Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
 Cable Jetted
 Dug Bored

(6) CASING INSTALLED:

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

(7) PERFORATIONS:

Perforated? Yes No
 Type of perforator used _____
 Size of perforations in. by in.
 _____ 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 _____
 Model No. _____
 Diam. Slot size Set from _____ ft. to _____ ft.
 Diam. Slot size Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal _____
 Depth of seal _____ ft. Was a packer used? _____
 Diameter of well bore to bottom of seal _____ in.
 Were any loose strata cemented off? Yes No Depth _____
 Was a drive shoe used? Yes No
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(10) WATER LEVELS:

Static level _____ ft. below land surface Date _____
 Artesian pressure _____ lbs. per square inch Date _____

(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 gal./min. with ft. drawdown after hrs.
 Artesian flow g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing _____
 Depth drilled _____ ft. Depth of completed well _____ 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
Log continued		
gravel, fine to very coarse, sand mostly basaltic but contains abundant rounded quartz, water-bearing	305	306
gravel and boulders, mostly basaltic, very little sand (Drilling mud lost from pit)	306	312
Boulders (?) cuttings almost entirely of angular chips of dense black basalt	312	331
silty blue clay becoming hard at bottom	331	406
SEP DELPENINE 5-1-64		

Work started October 8, 1963 completed October 12, 1963
 Date well drilling machine moved off of well _____ 19____

(13) PUMP:

Manufacturer's Name _____
 Type: _____ H.P. _____

Water Well Contractor's Certification:

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

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

Address _____

Drilling Machine Operator's License No. _____

[Signed] _____
 (Water Well Contractor)

Contractor's License No. _____ Date _____, 19____