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4S/39E/38W

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

JUN 12 1995

(START CARD) # 64017

Instructions for completing this report are on the last page of this WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number _____
Name SHERMAN HAWKINS
Address 57390 Hawkins Road
City LaGrande State OR Zip 97850

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 182'
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
28"	0	259	Benton.	0	24	5000#

How was seal placed: Method A B C D E
 Other Overbore-Bentonite 5/8"
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 24 ft. to 259 ft. Size of gravel 3/8 min

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+2	46	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	66	73	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	83	93	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	103	110	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	16"	170	182	.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 Halliburton Material wire wrap

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
46	66	.040		16"	pipesz	<input checked="" type="checkbox"/>	<input type="checkbox"/>
73	83	.040		16"	pipesz	<input checked="" type="checkbox"/>	<input type="checkbox"/>
93	103	.040		16"	pipesz	<input checked="" type="checkbox"/>	<input type="checkbox"/>
110	170	.040		16"	pipesz	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
See Attached well test Data.			1 hr.

Temperature of water 67 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 4S N or S Range 39E E or W. WM. _____
Section 3 SE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hawkins Road

(10) STATIC WATER LEVEL:
5' ft. below land surface. Date 5-2-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 5'

From	To	Estimated Flow Rate	SWL
All sand & Gravel Below 5 feet.			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Dark top soil	0	2	
Brown Clay	2	5	
White Sandy clay	5	8	
Gray clay & small gravel	8	14	
Sand & clay mixed	14	26	
Coarse sand & small grav	26	36	
Brown sand	36	39	
Brown clay	39	47	
Sand & small gravel	47	49	
Sand & gravel	49	61	
Brown clay	61	63	
Fine to med. sand	63	66	
Brown clay w/sand	66	77	
Fine to med. sand	77	84	
Gray clay	84	85	
Brown clay	85	93	
Sand & gravel	93	103	
Brown clay	103	110	
Sand & gravel	110	116	
Fine to Med. sand	116	119	

Date started 5-2-95 Completed 5-5-95

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

Signed [Signature] WWC Number 1909
Date 6/6/95

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1906
Date 6/6/95

