

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

U No 2588

RECEIVED

SEP - 5 1995

(START CARD) # 76136 3S/39E/35CD

(1) **OWNER:**
 Name CARL R. HAWKINS
 Address 66109 Woodruff Lane
 City LaGrande State OR Zip 97850

Well Number: WATER RES. SALEM, OREGON

(9) **LOCATION OF WELL by legal description:**
 County Union Latitude _____ Longitude _____
 Township 3S N or S, Range 39E E or W, WM.
 Section 35 SE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Woodruff Lane
1/4 Mile West of Godley Road

(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 510 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
<u>28"</u>	<u>0</u> <u>510</u>	<u>Benignite</u>	<u>0</u> <u>29'</u>	<u>5000#</u>	
		<u>Minus</u>			

How was seal placed: Method A B C D E
 Other 690-210-340

Backfill placed from 150' ft. to 510' ft. Material Gravel
 Gravel placed from 190' ft. to 29' ft. Size of gravel 3/4" Minus

(6) **CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Steel				Plastic				Welded				Threaded			
					Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded
Casing:	<u>16"</u>	<u>+2</u>	<u>40</u>	<u>.325</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	
	<u>16</u>	<u>50</u>	<u>75</u>	<u>.325</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	
	<u>16</u>	<u>135</u>	<u>145</u>	<u>.325</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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 Hal-Burton Material Mild Steel
wire wrap

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>40</u>	<u>50</u>	<u>.040</u>		<u>16"</u>	<u>pipesz</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>75</u>	<u>135</u>	<u>.040</u>		<u>16"</u>	<u>pipesz</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>420</u>			<u>1 hr.</u>
<u>480</u>			<u>1 hr.</u>
<u>460</u>			<u>1.5 hr.</u>

Temperature of water 58° 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: _____

(10) **STATIC WATER LEVEL:**
8' ft. below land surface. Date 6/12/95
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 8'

From	To	Estimated Flow Rate	SWL
<u>8'</u>		<u>All Gravels & Sands Below</u>	

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Topsoil	0	5	
Hard clay	5	8	
Sand & gravel	8	27	
Brown sandy clay	27	34	
Sand & gravel w/clay	34	52	
Brown clay & imbedded grv.	52	75	
Sand & gravel	75	80	
Fine to medium sand & grv.	80	84	
Sand & gravel	84	87	
Brown clay & some gravel	87	90	
Sand & gravel	90	134	
Gray clay & imbedded grv.	134	210	
Gray clay	210	215	
Fine to Medium sand	215	217	
Claystone, gray clay & some fine sand	217	220	
Gray clay	220	304	
Fine to Med. sand & grv.	304	306	
Fine sand & some clay	306	307	
Gray claystone & sand	307	320	
Gray clay	320	354	
Fine to coarse sand	354	356	
Gray clay & fine sand	356	360	

Date started 6-12-95 Completed 6-29-95

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number 1505
 Date 8-28-95

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1506
 Date 8-28-95

