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

WATER RESOURCES DEPT. (START CARD) # 74535

Instructions for completing this report are on the last page of this form. SALEM, OREGON

(1) OWNER: Well Number _____
Name Union School Dist
Address PO Box 4
City Union State OR Zip 97583

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 220 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Bearbite	0	25	11 Sacks
8	25	220				

How was seal placed: Method A B C D E
 Other Paired
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Steel				Plastic	Welded	Threaded
					Steel	Plastic	Welded	Threaded			
Casing:	8"	0	21	140	252	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Final location of shoe(s) 8" 140'

(7) PERFORATIONS/SCREENS:		Method		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 90 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 53° 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 40E E or W. WM.
Section 19 SW 1/4 NW 1/4
Tax Lot 2900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Union High School
Renov of Gym

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 9-21-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
50	20	30	
135	140	40	
185	195	45	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown Clay & Boulders	2	30	
Cemented Gravel	30	98	
Brown Clay Broken Rock	98	220	30
Hard up Breaks			

Date started 9-18-95 Completed 9-21-95

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

Signed Robert N. Stafford WWC Number 415 Date 9-30-95