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

APR 13 2000

WELL I.D. # L 40699
START CARD # W90194

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

(1) OWNER:

Name HOMER CASE
Address 63647 CASE Rd.
City COVE State OREGON Zip 97824

Well Number _____ WATER RESOURCES DEPT.
SALEM, OREGON

County UNION Latitude _____ Longitude _____
Township 25 N or S Range 38 E E or W. WM. _____
Section 25 SW 1/4 SW 1/4
Tax Lot 8000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 102575 PIERCE Rd.
LA GRANDE, OREGON

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
40	0	44	Neat Cement	0	44	75 Sacks
26	44	715				

How was seal placed: Method A B C D E

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 44 ft. to 715 ft. Size of gravel 1/4 -

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	715	3/16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34"	+1	44	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method machine

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele./pipe size	Casing	Liner
236	420	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
450	490	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
530	625	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
665	705	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
18.50	100'		<input checked="" type="checkbox"/>	8

Temperature of water 55° 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:

22 ft. below land surface. Date 5/19/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 5'

From	To	Estimated	SWL
108	112		
180	181		
231	236		
243	244		
268	270		

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
CLAY + Sand	1	5	
Gravel, Sand	5	16	
Gravel, CLAY, hard 1/4 to 3/8"	16	82	
Sandstone, CLAY, Sand	82	92	
CLAY Green	92	94	
CLAY Brown	94	108	
Sand, Gravel 3/8"	108	112	
Sandstone, gravel, CLAY	112	114	
CLAY, Sandstone	114	119	
Sandstone, gravel, CLAY	119	121	
CLAY, fine Sand	121	123	
Sandstone, CLAY	123	129	
CLAY	129	131	
CLAY, Course Sand	131	134	
CLAY	134	142	
CLAY, Sandstone	142	149	
CLAY	149	171	
Sand Fine	171	180	
Sand Fine, gravel 1/8 to 1/2"	180	181	

Date started 4-28-98 Completed 5-19-98

(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 Walter Jones WWC Number 1399
Date 5-20

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APR 13 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L _____
START CARD # 190194

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
34	0	44	crete Cement	0	44	75 SACKS
26	44	715				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 0 ft. to 715 ft. Size of gravel 1/4

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	16"	0	715	3/12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34"	34"	0	44	430	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Machine

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
236	420	3/16 x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
457	490	3/16 x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
530	625	3/16 x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
665	705	3/16 x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 5/19/98
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
288	293		
302	312		
333	336		
347	351		
354	356		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
CLAY	181	184	
CLAY, Sandstone.	184	186	
CLAY	186	196	
Sandstone, coarse sand	196	200	
Sand, CLAY	200	202	
CLAY	202	209	
Sandstone, CLAY	209	216	
CLAY	216	218	
CLAY, Sandstone	218	219	
Sandstone	219	223	
CLAY, Sandstone	223	231	
Sand coarse 1/8 to 1"	231	236	
CLAY	236	239	
CLAY, Sand	239	243	
Sand, gravel 1/8 to 3/4"	243	244	
Layers Sand, CLAY	244	251	
CLAY	251	253	
Sand Fine	253	257	
CLAY	257	258	
Sand, gravel, CLAY	258	265	

Date started 4-20-98 Completed 5-19-98

(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.
WWC Number _____
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1399
Signed Walter Torme Date 5-20-98

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APR 13 2000

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

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 40699 START CARD # 90194

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

(1) OWNER: Well Number Name Address City State Zip

(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 715 ft. Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds

How was seal placed: Method A B C D E

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel 1/4 -

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Perforations Method machine Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water Depth Artesian Flow Found Was a water analysis done? Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other Depth of strata:

(9) LOCATION OF WELL by legal description: County Latitude Longitude Township N or S Range E or W. WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

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

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation WATER RESOURCES DEPT. SALEM, OREGON

Table with columns: Material, From, To, SWL

Date started Completed

(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.

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.

Signed WWC Number Date

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

APR 13 2000

WELL I.D. # L _____
START CARD # 90194

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

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER: _____ Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
34"	0	44	Next Cement	0	44	7.5 Sacks
26"	44	715				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 0 ft. to 715 ft. Size of gravel 1/4"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	715	.712	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34"	+1	44	.430	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
236	420	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
450	490	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
530	625	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
665	705	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
			1 hr.

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL
458	460		
671	677		
708	710		

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(12) WELL LOG: _____ WATER RESOURCES DEPT
Ground Elevation _____ SALEM, OREGON

Material	From	To	SWL
Sand, some gravel	354	356	
Clay, some rock 2"	356	357	
Sand, fine gravel 1/2"	357	360	
Layers fine to coarse sand	360	363	
Clay	363	368	
Sandstone, sand	368	371	
Clay	371	373	
Course sand, gravel 1/4 + 1/2"	373	374	
Clay	374	384	
Clay, sand, sandstone	384	386	
Sandstone, wood	386	410	
Clay	410	413	
Course sand, gravel 1/4 + 3/8"	413	418	
Clay	418	428	
Clay, some sand + gravel	428	429	
Clay	429	432	
Sandy clay	432	445	
Course sand, sandstone	445	447	
Clay, some sandstone	447	458	
Course sand	458	460	

Date started _____ Completed _____
(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.
WWC Number _____
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1399
Signed Waldo Lorne Date 5-20-98

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

APR 13 2000

WELL I.D. # L _____
START CARD # 90194

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
34	0 44	cast cement	0 44	75 SACKS	
26	44 715				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 0 ft. to 715 ft. Size of gravel 1/4 -

Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	1.715	1.312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34"	+1	44	430	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liner: ...				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
136	420	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
450	490	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
530	625	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
665	705	3/16" x 3	64	16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Clay	460	461	
Sand Pine	461	462	
Course Sand, Sandstone	462	469	
Clay, Sandstone	469	482	
Course Sand	482	491	
Clay, Sandstone	491	493	
Clay	493	509	
Clay, Sandstone	509	519	
Clay	519	530	
Clay, Sandstone, Sand	530	533	
Sand, Clay	533	539	
Course Sand, gravel 1/2 to 2"	539	546	
Clay	546	547	
Clay, fine Sand	547	553	
Clay	553	569	
Course Sand	569	573	
Clay, Sandstone	573	582	
Sand, gravel 1/2 to 1"	573	582	
Clay	582	586	
Sandstone, Clay	586	594	

Date started _____ Completed _____

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

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 40699
START CARD # 90194

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

(1) OWNER: _____ Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
34	0	44	neat cement	0	44	75 sacks
26	44	715				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 0 ft. to 715 ft. Size of gravel 1/4 -

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	715	3/16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3-1"	+1	44	1.480	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
236	420	3/16	64	16"			<input checked="" type="checkbox"/>	<input type="checkbox"/>
450	490	3/16	64	16"			<input checked="" type="checkbox"/>	<input type="checkbox"/>
530	625	3/16	64	16"			<input checked="" type="checkbox"/>	<input type="checkbox"/>
665	705	3/16	64	16"			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
			1 hr.

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
CLAY, Sandstone	594	611	
CLAY, gravel 3/8 to 5/8	611	616	
Layers CLAY, Sandstone	616	653	
CLAY	653	668	
Sandy CLAY	668	671	
Course sand, gravel 1/16 to 3/4"	671	677	
CLAY	677	681	
CLAY, Sandstone	681	687	
CLAY, sand	687	701	
CLAY, sand, gravel	701	703	
CLAY, Sandstone	703	708	
Sand, gravel	708	710	
CLAY	710	715	

Date started 4-20-98 Completed 5-19-98

(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.
WWC Number _____
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1399
Signed Walter Lane Date 5-20-98

40
16
34
40

16
34
40
40
26
74

90194
Homer Case

GRAVEL

Cement

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WATER RESOURCES DEPT.
SALEM, OREGON

