

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

3
WASCO
2175

OCT - 6 1994

43/9e/326d

(START CARD) # 68095

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

(1) OWNER: Well Number 219 SALE

Name U.S.F.S. Clear Lake Camp. Gd.
Address 70220 E. Hwy. 26
City Zig Zag State OR. Zip 97049

(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 100ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	60	cement	0	60	38
10	60	100				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	100	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method air
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
85	95	1/4/1	135	6		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
10.5	6"		1 hr.

Temperature of water 38 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 Wasco Latitude _____ Longitude _____
Township 4 N or S Range 9 E or W. WM.
Section 32 SE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11 miles E. of Government camp on Hwy. 26

(10) STATIC WATER LEVEL:
82 ft. below land surface. Date 9/28/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 82

From	To	Estimated Flow Rate	SWL
82	95	10.5	82

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
top soil	0	1	
clay brown	1	3	
clay/boulder brown	3	10	
boulder/gravel gray	10	20	
weathered rock brown	20	55	
rock gray	55	97	82
clay/rock brown	97	100	

Date started 9/27/94 Completed 9/28/94

(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 Rocky C. Calhoun WWC Number 662 Date 9/29/94