

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

DEC 10 1986 **WASC 3555**  
**WATER RESOURCES DEPT.**  
**SALEM, OREGON**

**WASC**  
**003555**

43/12E-4

(1) **OWNER:** ROBERT HAYES Owner's Well Number: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address RT 1 Box 31-CM  
 City Monmouth State OR Zip \_\_\_\_\_

(2) **TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon

(3) **DRILL METHOD:**  
 Rotary Air  Rotary Mud  Cable  Other

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

(5) **BORE HOLE CONSTRUCTION:**  
 Depth of Completed Well \_\_\_\_\_ ft.  
 Special Standards date of approval \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
4"	0 19	Cement	0 19	5

How was seal placed? Method  A  B  C  D  E  
 Other Cement mixed w/4 crushed gravel

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
6"	11	19	16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

Final location of shoe(s) \_\_\_\_\_

(7) **PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
10		420	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 Wasco Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 4S N or S, Range 12E E or W, WM.  
 Section 4 1/4 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(10) **STATIC WATER LEVEL:**  
248 ft. below land surface. Date Nov 4 84  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	WB?	SWL
BROWN CLAY ROCKS	0	2		
GRAY LAVA ROCK	2	4		
GRAY BASALT	4	12		
BROWN SANDSTONE	12	91		
PUMICE	91	93		
CONGEMERATE BROWN	93	137		
BLACK BASALT	137	139		
BROWN CONGEMERATE	139	146		
BLACK BASALT	146	166		
BROWN CONGEMERATE	166	230		
BLACK BASALT	230	244		
BROWN CONGEMERATE	244	333		
BLACK BASALT	333	354		
BROWN CONGEMERATE	354	450	NB	248

Date started Nov 13 86 Completed DEC 4/86

(unbonded) **Water Well Constructor Certification:**  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed Mel Search Date Nov 4/84

(bonded) **Water Well Constructor Certification:**  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.  
 Signed Mel Search Date Nov 4/86  
 Company \_\_\_\_\_ Co. Job No. \_\_\_\_\_



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Camp Morrow Bible Conference
Mailing Address: 79551 Morrow Road
City: Tygh Valley State: OR Zip: 97063
Mailing Address (to send Well I.D.): Same as owner
City: State: Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: (North/South) Range: (East/West) Section:
Tax Lot: 4S 12E 4 600 County: 1/4 1/4
Street Address of Well: 79551 Morrow Road City: Tygh Valley
Owner at time the well was constructed, (if known):
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): See WASC 3555
Date Well Constructed: Total Well Depth: Casing Diameter: RECEIVED
Other Information:

SUBMITTED BY (please print): Chip Shetler for Camp Morrow
PHONE: 541 544 2971 FAX:
JUN 08 2011
WATER RESOURCES DEPT
SALEM, OREGON

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

WASC 3555 L-107311

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: Well Identification #: