

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

WASH
 1734

ZN/4w/27cd

(START CARD) # 45185

(1) OWNER: Well Number _____
 Name Dwight Crook
 Address HCR 61, Box 62
 City Banks State OR Zip 97106

(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:
 Special Construction approval Yes No Depth of Completed Well 220 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	198	Cement	0	198	74 Sacks
6"	198	220				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6"	+2	198	.250	<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 _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
45	208	220	1 hr.

Temperature of Water 56 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 Wash. Latitude _____ Longitude _____
 Township 2 N or S. Range 4 E or W. WM.
 Section 27 SE $\frac{1}{4}$ SW $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) At end of Granan Rd.
by the pond - Banks, OR

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 10/29/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 209

From	To	Estimated Flow Rate	SWL
209	220	45	18

(12) WELL LOG:
 Ground elevation NOV - 6 1992

Material	From	To	SWL
Top Soil	0	1	
Clay - Brown	1	12	
Claystone - Gray	12	18	
Clay & Sand - Brown	18	22	
Claystone - Brown - Hard	22	35	
Claystone - Brown	35	75	
Claystone - Brown, Red & Gray	75	95	
Clay - Brown	95	100	
Claystone - Brown, Yellow, Red	100	110	
Sandstone - Gray & Brown	110	150	
Sandstone - Green, Gray, Brown	150	165	
Claystone - Brown, White, Gray - Hard	165	190	
Rock - Gray	190	209	
Rock - Gray, Green, & Brown	209	217	
Rock - Gray & Brown	217	220	18

Date started 10/26/92 Completed 10/29/92

(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 _____ 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Rodney C. Egan WWC Number 663
 Date 11/3/92