

STATE OF OREGON
WATER WELL REPORT WATER RESOURCES DEPT.
 (as required by ORS 537.765) SALEM, OREGON

DEC 4 1986

WASH
 8344

2N/5W-36

(1) OWNER: Eda Van So
 Name _____ Well Number: _____
 Address Star Pt Box 630
 City Hales Creek State OR Zip 97117

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Cement	0	18	6 sacks

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:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	+1	19	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Location of shoe(s) Drill shoe 19 ft

(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 30 Drawdown _____ Drill stem at 45' Time 1 hr.

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: _____

(9) LOCATION OF WELL by legal description:
 County Wash Latitude _____ Longitude _____
 Township 2N N or S, Range 5W E or W, WM.
 Section 36 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as #1

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 10-30-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 55

From	To	Estimated Flow Rate	SWL
55	60	50 GPM	10

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown soil	0	2	
Brown clay - small boulders	2	12	
Gray Rock	12	55	
Fractured rock N.P.	55	60	10

Date started 11-30-86 Completed 10-30-86

(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 Joseph Trussell WWC Number 711
 Date 10-30-86