

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

WHEG 288
 AUG 21 1992
 WATER RESOURCES DEPT
 SALEM, OREGON

12S/20E/3066
 (START CARD) # 38007

(1) OWNER: Well Number 1-92
 Name USFS OCHO CO N. Forest
 Address PO Box 490
 City Prineville State OR Zip 97754

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 65 ft.
 Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
5"	0	20'	Concrete	0	20	4.5 SKS
2"	20	65				

How was seal placed: Method A B C D E
 Other Water Ciment Pump
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 2"	16'	20 1/2'	240	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
 Yield gal/min 12 Drawdown Flow Drill stem at 12 hr Time hr

Temperature of Water 48° Depth Flow Found 59
 Was a water analysis done? Yes By whom NO
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NONE
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Wheeler Latitude _____ Longitude _____
 Township 12 S. Range 20 E. WM. _____
 Section 30 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) All U.S. Forest Service

(10) STATIC WATER LEVEL:
Flow ft. below land surface. Date 7-23
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 59'

From	To	Estimated Flow Rate	SWL
59	65	129 gpm	Flow

(12) WELL LOG: Ground elevation 4800

Material	From	To	SWL
Top Soil Brn	0	1	
Clay with small fractured rock particles	1	34	
Large plates or seams of Brn Rock w/clay	34	59	
Rock Brn w/fractures	59	65	Flow

Date started 7-19-92 Completed 7-23-92
 (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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 617
 Signed Alan L. Sevey Date 8-20-92