

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

RECEIVED

REVISED AUG - 1 1994 (START CARD) #

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

4
Whee well #2
308

11/5/20e/24dd
54085

(1) OWNER: Well Number C231
Name Roger Reeder
Address P.O. Box 296
City Mitchell State Or. Zip 97750

WATER RESOURCES DEPARTMENT by legal description:
SALEM, OREGON Latitude _____ Longitude _____
Township 11 N or S Range 20 E or W. WM.
Section 24 S.E. 1/4 SE 1/4
Tax Lot 16 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 15307 Hwy 26
Mitchell, Or. 97750

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 5-12-94
Artesian pressure _____ lb. per square inch. Date _____

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(11) WATER BEARING ZONES:

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

Depth at which water was first found 90

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 100 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
<u>90</u>	<u>100</u>	<u>1/2 GPM</u>	<u>50</u>

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
<u>SEE ATTACHED</u>						

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

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

(12) WELL LOG:
Ground Elevation _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>6</u>	<u>+1</u>	<u>220,250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Material	From	To	SWL
<u>See Attached</u>			

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
<u>90</u>	<u>110</u>	<u>1/8 x 3</u>	<u>150</u>	<u>6</u>	<u>Sawed + tuck</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Date started 5-12-94 Completed 5-12-94

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>.5</u>	<u>Total</u>		<u>1 hr.</u>

(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.

Temperature of water 58 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: _____

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 444
Signed Orchie Fitt Date 7-28-94

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

MAY 28 1994

WHEE 308
 (START CARD) # 54085
11s/20e/24dd

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

(1) OWNER: Well Number 0281
 Name Roger Ready
 Address P.O. Box 296
 City Mitchell State Or. Zip 97250

(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 1000 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>12</u>	<u>0</u>	<u>18 1/2</u>	<u>Benionite</u>	<u>0</u>	<u>18 1/2</u>	<u>15</u>
<u>8</u>	<u>18 1/2</u>	<u>1000</u>				

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: <u>8</u>	<u>1 1/2</u>	<u>18 1/2</u>	<u>250</u>	<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
<u>NONE</u>							

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>To little test</u>	<u>no get</u>	<u>455417c</u>	<u>1 hr.</u>

Temperature of water unknown 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 Wheeler Latitude _____ Longitude _____
 Township 11 N or S Range 20 E or W. WM.
 Section 29 SE 1/4 SE 1/4
 Tax Lot 16 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 15387 Hwy 06
Mitchell, Or. 97250

(10) STATIC WATER LEVEL:
Unknown ft. below land surface. Date 5-9-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>TOP Soil</u>	<u>0</u>	<u>1</u>	
<u>yellow clay stone</u>	<u>1</u>	<u>45</u>	
<u>Gray Rock with Gray clay sand</u>	<u>45</u>	<u>1000</u>	

Date started 4-18-94 Completed 5-9-94

(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 Orchie Fp WWC Number 444
 Date 5-19-94

(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 Danell Maple WWC Number 584
 Date 5-19-94

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AUG - 1 1994

7-28-94

WATER RESOURCES DEPT.
SALEM, OREGON

Water Resources Dept

Well # 0281 - Start Cord # 54085

Darrel Mapht helped drill this well and made out the well log and didn't show the liner pipe that I had to install after he removed his machine.

Oversight it didn't get put on the well log, so am sending a well log showing the liner pipe I installed.

Archie Fox

Archie Fox Well Drilling

P.O. Box 246

Prineville, Or. 97754

New phone # 416-0106