

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

WELL I.D. # 71125

START CARD # 17242

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

(1) **LAND OWNER** Well Number _____
Name Wolfe Ranches
Address 81544 Hwy 93
City Walton State OR Zip 97885

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

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

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

(5) **BORE HOLE CONSTRUCTION** Special Construction: Yes No
Depth of Completed Well 210 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
12"	0	18	Bentonite	0	18	18 sacks
10"	18	38	Cement	18	38	4 sacks
8"	38	210				

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		Gauge	Steel	Plastic	Welded	Threaded
	From	To					
	8"	42"	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tube/pipe size	Casing	Liner

(8) **WELL TESTS:** Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min 600 Drawdown _____ Drill stem # 210

Temperature of water 64 Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) **LOCATION OF WELL (legal description)**
County Umatilla
Tax Lot 340 Lot _____
Township 2N N or S Range 31E E or W WM
Section 16 NW 1/4 SE 1/4

Lat _____ or _____ (degrees or decimal)
Long _____ or _____ (degrees or decimal)

Street Address of Well (or nearest address) 2th LN, 2 mi west of Ruth OR.

(10) **STATIC WATER LEVEL**
_____ ft. below land surface. Date _____
38' ft. below land surface. Date 2-17-05
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES**
Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60	70	30	38'
105	180	600	38'

(12) **WELL LOG** Ground Elevation _____

Material	From	To	SWL
Soil/Gravel	0	30	
Black Basalt	30	60	
Brown Basalt	60	70	38'
Soft Black Basalt	70	105	
Brown Basalt	105	125	(38')
Soft Black Basalt	125	180	
Hard Black Basalt	180	255	
Soft Black Basalt	255	275	
Hard Black Basalt	275	290	

Date Started 2-15-05 Completed 2-17-05

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.

WWC Number 1735 Date 2-17-05
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 544 Date 2-17-05
Signed Larry Bird