WELL LABEL # L 95327

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS \$37.765 & OAR 690-205-0210)

(as required by ORS \$37.765 & OAR 690-205-0210)	START CARD#
(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name Goral Last Name LaPorte	County UMATILLA TWO N LNS Range 36 E E/W WM
Company	Sec 23 NE 1/4 of the NW 1/4 Tax Lot 901
Address Rt Box 101	Tax Map Number Lot
City Milton Freewater State Or Zip 97862	Tax Map Number Lot Lat ° ' or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long Or DMS or DD
Alteration (repair/recondition) Abandonment	Street address of well (Nearest address
Alteration (repair/recondition) [] Abandonnien:	Did Day (A) Miles Consults On
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Reverse Rotary Other	
(4) PROPOSED USEX Domestic Irrigation Community	Existing Well / Predecpening Completed Well 07-15-1980 175
Industrial/ Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thormal Injection Other	
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	WATER BEARING ZONES Depth water was first found 278
· · · · · · · · · · · · · · · · · · ·	SWL Date From To Fst Flow SWL(psi) + SWL(ft)
Depth of Completed Well 295 ft. BORE HOLE SEAL sacks/	113
Dia From To Material From To Amt lbs	
12 0 30 Coment 0 30 21 S	
8 30 295	
	(11) WELL LOG Ground Flevation 1.725
	Order Devalue 1,725
How was seal placed: Method A B C D E	Material From To
X Other Pumped	Brown Silt 0 15 Broken Black Busalt 15 22
Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size	Broken Black Basalt 15 22 Hard Black Basalt 22 38
Filter pack from fl. to fl. Material Size	Broken Bluck Basalt 38 210
Explosives used: Yes Type Amount	Hurd Black Basalt 210 278
(6) CASING/LINER	Red Grey Black Porus Lavu Basalt 278 295
Casing Liner Dia + From To Gauge Stl Plste Wld Thrd	
	HEGEIVEN DO
	RECEIVED BY DWRD
Shoe Inside Outside Other Location of shoc(s) 30	MAR 11 2010
Temp casing Yes Dia From To	1 2018
(7) PERFORATIONS/SCREENS	
Performions Method	SALEM, OF
Screens Type Malerial	O'LEIVI, OF
Port/S Casing/ Screen Sem/slot Slot # of Tele/ creen Linet Dia From To width length slots pipe size	Date Started 07-13-1980 Completed 07-15-1980
treen third this this from to width length store pipe size	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration, of
	abandonment of this well is in compliance with Oregon water supply we
	construction standards. Materials used and information reported above are true t
	the best at my knowledge and belief.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
	Password : (if filing electronically)
	Signed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 400 295 2	(bonded) Water Well Constructor Certification
	I accept responsibility for the construction, deepening, alteration, or abandonme work performed on this well during the construction dates reported above. All we
Temperature 58 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply w
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief
From to Description Amount Units	License Number 756 Date 07-20-1980
	Password: (if filing electromodily)
	Signed Signed
	Contact Into (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 583 986 090