

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

WELL I.D. # L59153
 START CARD # 144611

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

(1) **LAND OWNER** Well Number DC Well
 Name H. Norman Hyatt
 Address 5102 Seacrest Dr.
 City Yakima State WA Zip 98908

(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 210 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	25	benbrnt	0	30	37 Sacks
12	25	210				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured dry & tamped
 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:	12	+1	40.250	☒	☐	☐	☒	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
Liner:				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐

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	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
200	1		1 hr.

Temperature of water 51° Depth Artesian Flow Found _____
 Was a water analysis done? ☒ NO ☐ 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 Crook Latitude _____ Longitude _____
 Township 19S N or S Range 22E E or W. WM.
 Section 27 NE 1/4 SW 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) GI Ranch Rd

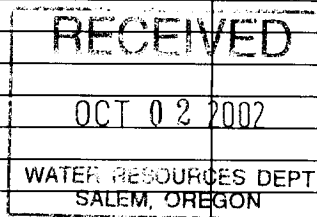
(10) **STATIC WATER LEVEL:**
8 ft. below land surface. Date 9-10-02
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
45	208	200	8

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

Material	From	To	SWL
topsoil clay loam	0	2	
clay gneiss	2	20	
clay brown	20	31	
clay sand	31	49	8
sand coarse cinder	49	112	8
sandstone brn	112	150	8
cinder muete colored	150	208	8
clay brn	208	210	8



Date started 9-4-02 Completed 9-10-02

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

Signed Timothy K. Rely WWC Number 1424 Date 9-25-02