

GILL 149

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the



WATER WELL REPORT

STATE ENGINEER, SALEM, OREGON 97310. within 30 days from the date of well completion.

STATE OF OREGON (Please type or print)

State Well No. 2/22-15 Q

State Permit No.

G-4185

(1) OWNER:

Name Harvey Smith Address Box 448, Ione, Oregon 97843

(2) LOCATION OF WELL:

County Gilliam Driller's well number 1/4 Section 15 T. 2S R. EW W.M. Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

Well Deepening Reconditioning Abandon abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal Irrigation Test Well Other Rotary Cable Dug Driven Jetted Bored

(5) TYPE OF WELL:

(6) CASING INSTALLED: Threaded Welded 12" Diam. from 0 ft. to 36 1/2 ft. Gage 1 std.

(7) PERFORATIONS:

Perforated? Yes No

Type of perforator used

Size of perforations in. by in. perforations from ft. to ft.

(8) SCREENS:

Well screen installed? Yes No

Manufacturer's Name Model No. Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Well seal-Material used in seal cement Depth of seal 36 1/2 ft. Was a packer used? no Diameter of well bore to bottom of seal 15 in. Were any loose strata cemented off? No

(10) WATER LEVELS:

Static level 60 ft. below land surface Date 11/28/67 Artesian pressure lbs. per square inch Date

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? Driller Yield: 1,000 gal./min. with 35 ft. drawdown after 12 hrs.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

Table with columns MATERIAL, FROM, TO. Includes entries like Surface soil, rock-basalt-firm-red, and black-porous.

Work started Sept. 18 19 67 Completed Nov. 28 19 67 Date well drilling machine moved off of well 19

(13) PUMP:

Manufacturer's Name Driller Dale Wickizer Type No. 180 Date 12/13/67

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Barron & Strayer (Person, firm or corporation) Address Rt. 1, Box 254, Beaverton, Ore. Drilling Machine Operator's License No. 180 [Signed] A.H. Barron (Water Well Contractor) Contractor's License No. 35 Date Dec. 13, 1967

MAY-02-1996 13:35

OWNER PERMITS UNIT

WELL IDENTIFICATION FORM

Owner's Well Number: #1

CURRENT WELL OWNER:

Name: DR. KENDALL EARLY Phone 276-8354
DENNIS & SANDY MACNA
Mailing Address: P.O. Box 1088 1629 E 12th St
City: PENDLETON State: Oregon Zip: 97801 The Dal 97058

WELL LOCATION:

County: Hillman 149 Latitude: _____ Longitude: _____
Township: 25 N or S, Range: 22 E or W Section: 14, 15, 22, 23 27, 35 1/4 _____ 1/4
Tax Lot Number: 25-22 1300 #s 31813, 1859, 60132

Street Address of Well (if different from above):
ROCK CREEK OUT OF ARLINGTON

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____
Well Constructor: _____
Name of Owner at Time of Construction: _____
Well Depth (in feet): _____ Static Water Level (in feet): _____
Diameter of Exposed Well Casing (in inches): _____
Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:
Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department 1-800-624-3199
158 12th Street NE
Salem, OR 97310 FAX 503-378-6203

(Office use only)
Well Identification Number: 104903