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50090

MAY 17 1999

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

WELL I.D. # L 430737
START CARD # 88229

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number #7
Name CITY OF CONDON
Address P.O. BOX 445
City CONDON State OR Zip 97823

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other DUAL WALL PERCUSSION (REVERSE AIR)

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 103 ft.
Explosives used Yes No Type _____ Amount _____

Diameter		From		To		Material		From		To		Sacks or pounds	
12	0	103	BENTONITE	63									
			PELLETS	65								100 #	
			CEMENT	0									
			BENT.	63								275x/25x	

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 65 ft. to 103.5 ft. Size of gravel 6X9CSS1

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	72	68.5	5/8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	98.5	103.5	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 WIRE WRAP Material 304 SS

From	To	Shot size	Number	Diameter	Tele/pipe size	Casing	Liner
68.5	98.5	1070		8		<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50 GPM	60		1 hr.

Temperature of water 56 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 GILLIAM Latitude _____ Longitude _____
Township 3 N or S Range 21 E or W. WM.
Section 19 NE 1/4 SW 1/4
Tax Lot 2300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
1'8" ft. below land surface. Date 4-1-99
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
35	45	100	13'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BLACK SANDY SILT (TOP SOIL)	0	18	
BRN SILTY CLAY (SATURATED)	18	20	
BRN SILTY GRAVEL w/SAND-SATURATED	20	35	
BRN SANDY COARSE GRAVEL	35	45	
FLOW BRECCIA, ALTERED, MULTI-COLORED ROCK AND SEDIMENTARY MATERIAL	45	100	

Date started 3-4-99 Completed 4-16-99

(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: [Signature] WWC Number 1730
Date 5-11-99

(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: [Signature] WWC Number 1730
Date 5-11-99

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SALEM, OREGON

CITY OF
CONDON, OREGON

APPLICATION FOR TRANSFER OF WATER RIGHT

WELL SITE PLAN

