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GILL
50081

MAY 17 1999

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

WELL I.D. # L 430736
START CARD # 88228

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number #6
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 (RELAIR)

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 92.5 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	93	BENTONITE			
			PELLETS	58.5	64	150#
			CEMENT/			
			BENT	0	58.5	245X/25X

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 64 ft. to 92.5 ft. Size of gravel 6x9CSS

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+2	67.5	Sch 40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 304SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
67.5	92.5	.070		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
90 GPM	48'		1 hr.

Temperature of water 55 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: 7

(9) LOCATION OF WELL by legal description:
County GILLIAM Latitude _____ Longitude _____
Township 3 N or S Range 21 E or W. WM.
Section 19 SE 1/4 NW 1/4
Tax Lot 2300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
18'6" 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 48'

From	To	Estimated Flow Rate	SWL

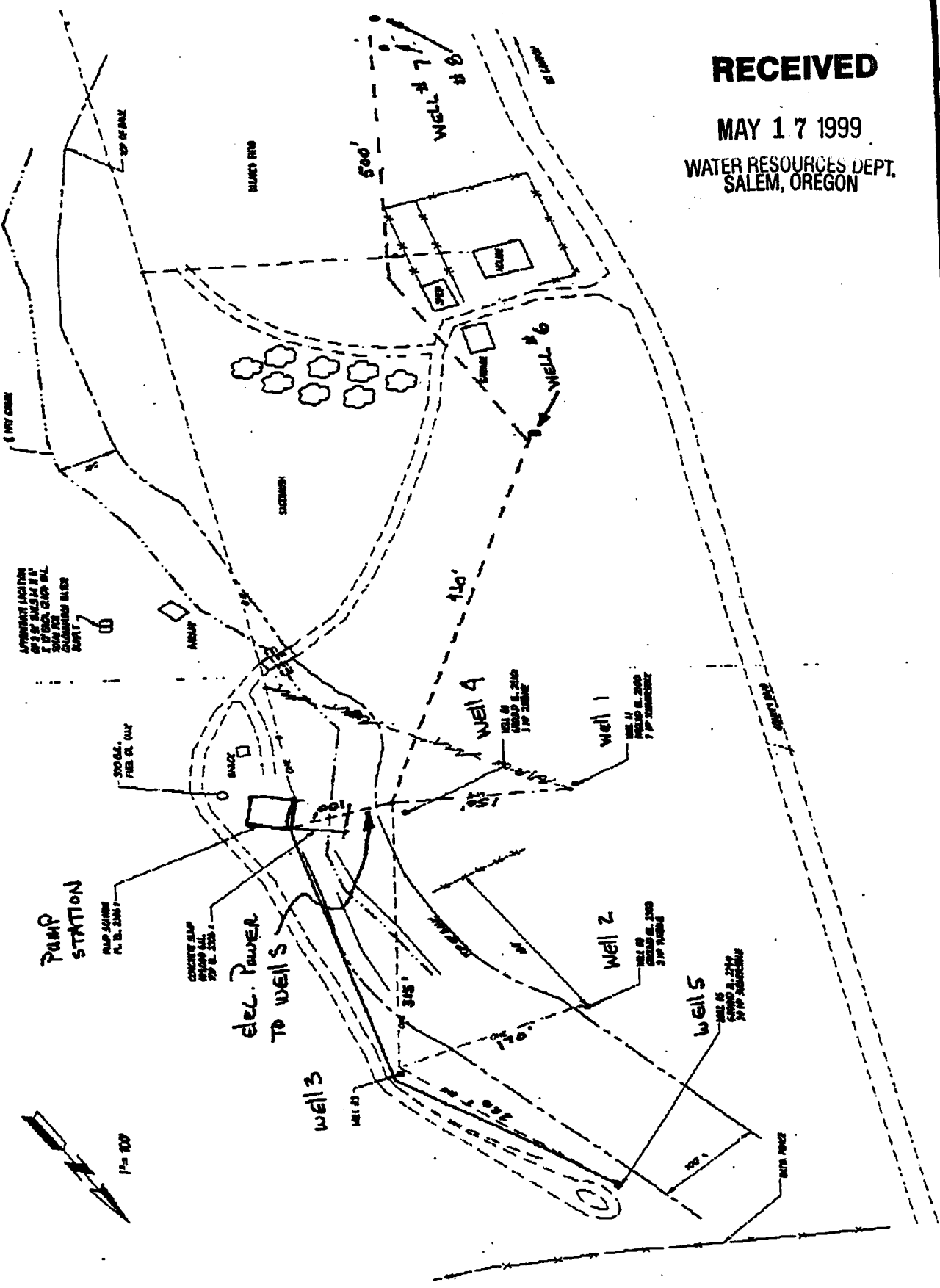
(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BROWN SILT w/ GRAVEL	0	15	
DK BRN CLAYEY GRAVEL	15		
SATURATED		30	
BRN SILTY CLAY w/ GRAVEL	30	40	
FLOW BRECCIA,	40		
ALTERED, MULTI-COLORED			
ROCK AND SEDIMENTARY			18.6
MATERIAL		93	

Date started 3-3-99 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 _____ 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 _____ WWC Number 1730
Date 5-11-99




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 SALEM, OREGON

DRAWING
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CITY OF
CONDON, OREGON
APPLICATION FOR TRANSFER OF WATER RIGHT
WELL SITE PLAN



Anderson
Perry
Professional Services, Inc.