

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

JAN 18 2002

WELL I.D. # 46366
 START CARD # 137843

Instructions for completing this report are on the back of this form.
 WATER RESOURCES DEPT.
 SALEM, OREGON

(1) **LAND OWNER**
 Name Allen Mullin
 Address HCR 77 Box 131
 City John Day State Or Zip 97845

(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 353 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	212				
6"	212	353	N/A			

Well is at a temporary abandonment station. Cap has been welded to 6" casing.

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

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: 6"	+1/2	198	25	22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: N/A					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method N/A
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at pumps	Time
50	193	114	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 56 Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? Yes Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 110'

(9) **LOCATION OF WELL by legal description:**
 County Grant Latitude _____ Longitude _____
 Township 13 N or S Range 32 E or W. WM.
 Section 19 SW 1/4 NE 1/4
 Tax Lot 406 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) North of John Day Cr (North East)

(10) **STATIC WATER LEVEL:**
177 ft. below land surface. Date 1-10-02
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	116	12	35'
221	233	10	177
283	305	40	177

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

Material	From	To	SWL
Top Soil Brown Hard	0	2	
clay Reddish tan Hard	2	4	
clay + ash gray H	4	10	
clay + ash Brown H	10	38	
clay + ash TAN HARD	38	97	
clay gray Hard	97	110	
clay gray Fr water	110	116	35'
clay gray Hard	116	141	
clay gray + TAN MH	141	184	
clay tan sandy Hard	184	207	
Basalt Blk Hard	207	221	
Basalt Red Fr water	221	233	177
Basalt gray Hard	233	240	
Basalt Red + Blk MH	240	283	
Basalt Red Fr water	283	296	177
Basalt Brown Fr water	296	305	177
Basalt Red Brown Hard	305	353	

Date started 12-20-01 Completed 1-8-02

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 1606
 Signed John Maxwell Date 1-15-02