

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

JUN 16 1997

WATER RESOURCES DEPT.

HARN
50173

(START CARD) # 83825

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

SALEM, OREGON

(1) OWNER: Well Number _____
Name Joseph J & Kelly S Siri
Address 5815 NE 87th Ave
City Vancouver State WA Zip 98262

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	21	Bentonite	0	21	18 sacks
8	21	205				

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: 8	+1	95	2.50	<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"/>

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
50	45	120	2 hr.

Temperature of water 58 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 Harney Latitude _____ Longitude _____
Township 25S N or S Range 31 E or W. WM.
Section 28 SW 1/4 SW 1/4
Tax Lot 6100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
Weaver Springs Rd.

(10) STATIC WATER LEVEL:
56 ft. below land surface. Date 6-6-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 56

From	To	Estimated Flow Rate	SWL
56	115	60	56

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
sand fine, coarse brn	0	12	
clay sand fine	12	30	
sand med clay	30	37	
sand med fine	37	83	56
cinders gravel w/r	83	91	
clay green gravel	91	115	
clay brn/sand med	115	131	
clay blue	131	152	
clay grey	152	165	
sand blk	165	172	
clay grey	172	198	
clay brn	198	202	
clay grey	202	205	

Date started 6-2-97 Completed 6-6-97

(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 Chaley WWC Number 1424 Date 6-11-97