

Amendment

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 94478  
START CARD # 1003201  
1003203

(1) LAND OWNER  
Name Verl Miller Well Number \_\_\_\_\_  
Address PO Box 606  
City LaGrande State OR Zip 97850

(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 120 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>18</u>	<u>0</u>	<u>35</u>	<u>cement</u>	<u>0</u>	<u>35</u>	<u>2 yards</u>

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Casing:	Diameter	From	To	Gauge	Steel			
					Plastic	Welded	Threaded	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<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 \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min \_\_\_\_\_ Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time \_\_\_\_\_  
1 hr.

Temperature of water 60 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 Hannu Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 23 S N or S Range 3 E E or W. WM.  
Section 11 SE 1/4 SW 1/4  
Tax Lot 1200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 70357 S. Skanswood Rd

(10) STATIC WATER LEVEL:  
12 ft. below land surface. Date 4-1-08  
Artesian pressure \_\_\_\_\_ lb. per square inch Date 4-1-08

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
<u>existing</u>			

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>existing 12"</u>	<u>0</u>	<u>120</u>	
<u>overshot drilling 18"</u>			
<u>topsoil</u>	<u>0</u>	<u>1</u>	
<u>clay brn</u>	<u>1</u>	<u>12</u>	
<u>clay gravel</u>	<u>12</u>	<u>30</u>	
<u>clay blue</u>	<u>30</u>	<u>35</u>	

**RECEIVED**  
**APR 07 2008**  
WATER RESOURCES DEPT SALEM OREGON

**RECEIVED**  
**NOV 05 2008**  
WATER RESOURCES DEPT SALEM OREGON

Date started 4-1-08 Completed 4-1-08

(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.  
WVC 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.  
WVC Number 1424  
Signed Roby Kelly Date 4-30-08

# HARN 51438

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

WELL I.D. # L 94478  
 START CARD # 1003204

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

(1) LAND OWNER Verl Miller Well Number \_\_\_\_\_  
 Name Verl Miller  
 Address PO Box 606  
 City LaGrande State OR Zip 97850

(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  
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(5) BORE HOLE CONSTRUCTION:  
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 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
18	0	35	cement	0	35	2 yards

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

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: <u>existing</u>							
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>existing</u>							
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<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 \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

Pump  Bailer  Air  Flowing  
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>existing</u>	<u>existing</u>	<u>existing</u>	1 hr.

Temperature of water 60 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: \_\_\_\_\_

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 Tax Lot 1200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 70357 S. Stearnswood

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<u>overshot drilling 18"</u>			
<u>topsoil</u>	<u>0</u>	<u>1</u>	
<u>clay brn</u>	<u>1</u>	<u>12</u>	
<u>clay gravel</u>	<u>12</u>	<u>30</u>	
<u>clay blue</u>	<u>30</u>	<u>35</u>	

Date started 4-1-08 Completed 4-1-08

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 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

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 WWC Number 1424  
 Signed Scotty Kelly Date 4-30-08