

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

WELL I.D.# L 102456

START CARD # 184795

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

(1) LAND OWNER Well Number
Name HELEN DENITCO
Address 1821 COUNTY LN RD
City Grand View State WA Zip _____

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 760 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL		
Diameter	From	To	Material	From	To
20"	0	40"		0	18"
16"	40	235			
12"	235	380			
8"	380	760			

How was seal placed: Method A B C D E
 Other Poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	16"	+2	230	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 230 FT.

(7) PERFORATIONS/SCREENS
 Perforations Screens
Method _____ Type _____ Material _____

RECEIVED BY OWRD

From	To	Slot Size	Number	Diameter	Pc/pipe size	Casing	Liner
FEB 14 2013							

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20 m ³	6.2 m ³		1 hr

Temperature of water 57 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 (legal description)
County Harnay
Tax Lot 900 Lot _____
Township 26 N or S Range 31 E or W WM
Section 5 SW 1/4 NW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 30042
WATER SPRING LN BURNS OR 97001

(10) STATIC WATER LEVEL
20 ft. below land surface. Date 2/10/13
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 20 FT

From	To	Estimated Flow Rate	SWL
20	365	20 gpm	20

(12) WELL LOG

Material	From	To	SWL
70' S.S.L	0	5	
15' CLAY	5	20	
Grey clay w sand	20	225	
Basalt	225	240	
Grey clay w gravel	240	240	
Grey Clay Stone	240	245	
Black Clay Stone	245	325	
Bluish silty	325	350	
Grey Clay Stone	350	362	
Basalt	362	760	

RECEIVED BY OWRD

Date Started 6/13/12 Completed 2/10/13

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 1882 Date 2/10/13
Signed Brad Williams

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 1557 Date 2/10/13
Signed Brad Williams