

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

WELL I.D. #

WATER RESOURCES DEPT.
SALEM, OREGON

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

JUN - 2 1997

(1) OWNER: Well Number _____
Name LAURENCE MILLER
Address 24269 Boise River Rd
City Parma State Id Zip 83660

(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 205 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or pounds
10" 0 18 3/8" bentonite 0 18 10-bags
6" 18 205 gravel chips _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED IN BENTONITE CHIPS
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" +2 98 .250 ☒ ☐ ☒ ☐
Liner: 4 1/2" 6.5 205 3.40 ☐ ☒ ☐ ☐
200psi ☐ ☐ ☐ ☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

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

☒ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
20 25' 180' 1 hr.

Temperature of water 70 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 MALheur Latitude _____ Longitude _____
Township 21S N or S Range 45 E or W. WM.
Section 13 NW 1/4 NW 1/4
Block _____ Subdivision _____
Street Address of Well (or nearest address) 2197 Rock Springs Canyon Rd.

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 5-14-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
<u>90</u>	<u>205</u>	<u>20</u>	<u>75'</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>black rock</u>	<u>0</u>	<u>2</u>	
<u>SANDY brown clay</u>	<u>2</u>	<u>13</u>	
<u>yellow clay</u>	<u>13</u>	<u>18</u>	
<u>yellow clay</u>	<u>18</u>	<u>45</u>	
<u>CEMENTED GRAVEL</u>	<u>45</u>	<u>53</u>	
<u>RED CLAY</u>	<u>53</u>	<u>65</u>	
<u>brown + white sand</u>	<u>65</u>	<u>90</u>	
<u>Red + gray</u> <u>1/2 cracks</u>	<u>90</u>	<u>205</u>	<u>75</u>

Date started 5/12/97 Completed 5/14/97
(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 1697
Date 5/28/97

(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 1697
Date _____