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

MAIN 5211

APR 26 1999

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D.# L-24179

(START CARD) # 66048

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

(1) OWNER: Well Number L-24179

Name LEE Schnepp

Address 1035 15th St. Nth

City Vale State Oregon Zip 97918

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 28 ft.

Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	20	Bentonite	0	20	14 Sacks
6	20	28				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] Other Poured + 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:	6"	+1	28	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) 28'

(7) PERFORATIONS/SCREENS:

[X] Perforations Method Tourch

[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
22	28	1/8 x 6"	30	6"		[X]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
24	0		1 hr.

Temperature of water 55° 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: 6'

(9) LOCATION OF WELL by legal description:

County Malheur Latitude _____ Longitude _____

Township 18 N or (S) Range 45 (E) or W. WM.

Section 20 SW 1/4 NW 1/4

Tax Lot 400 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 1035 15th St. Nth

(10) STATIC WATER LEVEL:

11 ft. below land surface. Date 4-20-99

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22	28		11'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	5	
Sand Brown Clay	5	15	
Brown Sticky Clay	15	22	
Sand + Gravel	22	28	11'

Date started 4-20-99 Completed 4-22-99

(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 1470

Signed Dennis Page Date 4-22-99

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER