

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

WELL I.D. # L 61639
START CARD # 148429

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

(1) LAND OWNER Kevin Clarich Well Number 61639
Name Kevin Clarich
Address 4050 Freese Lane
City Vale State OR Zip 97918

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>22</u>	<u>0</u>	<u>18</u>	<u>Bourbonite</u>	<u>0</u>	<u>18</u>	<u>54</u>
<u>16</u>	<u>18</u>	<u>75</u>				

How was seal placed: Method A B C D E
 Other from surface

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 18 ft. to 55 ft. Size of gravel 1"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>16</u>	<u>1</u>	<u>61</u>	<u>1.250</u>	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 61 ft

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>42</u>	<u>58</u>	<u>6"</u>	<u>150</u>	<u>1/4</u>	<u>16"</u>	<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"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min 450 gpm Drawdown 10 1/2 ft Drill stem at _____ Time 24 hrs

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 Malheur Latitude _____ Longitude _____
Township 18S N or S Range 46E E or W. WM.
Section 8 SW 1/4 NW 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4050 Freese Ln

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 3-25-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 55 ft

From	To	Estimated Flow Rate	SWL
<u>55</u>	<u>60</u>	<u>600 gpm</u>	<u>35 ft</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Sandy topsoil</u>	<u>0</u>	<u>6</u>	
<u>Sandy Br clay</u>	<u>6</u>	<u>55</u>	
<u>Large gravel + lots of sand</u>	<u>55</u>	<u>60</u>	<u>35 ft</u>
<u>Blue clay</u>	<u>60</u>	<u>75</u>	

RECEIVED
MAR 31 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-20-03 Completed 3-25-03

(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 Jon M Fife WWC Number 1485 Date 3-27-03