

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 72885
START CARD # 166997

(as required by ORS 537.765)

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

(1) LAND OWNER J.R. Wiggins Well Number 72885
Name J.R. Wiggins
Address 4634 SRAH
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 275
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	50	Portland	0	50	127
12	50	275				

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

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: 12	0	50	250	<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) 50 ft

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
700gpm	76 1/2 ft		1 hr.
			8 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 Mallam Latitude _____ Longitude _____
Township 17S N or S Range 44E E or W. WM.
Section 7 SW 1/4 NW 1/4
Tax Lot 2400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4634 SRAH Vale, OR

(10) STATIC WATER LEVEL:
33 1/2 ft. below land surface. Date 2-28-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 152

From	To	Estimated Flow Rate	SWL
152	242	900gpm	33 1/2

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Hard pan	2	4	
Bn Sandy clay	4	12	
Dry gravel & sand	12	26	
Bn Sandy clay	26	152	
Blue Sandy clay	152	242	33 1/2
Harder Sandy clay	242	275	

RECEIVED

APR 18 2005

WATER RESOURCES DEPT
SALEM, OREGON

Date started 1-26-05 Completed 3-01-05

(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 _____ Date _____ WWC Number _____

(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 Don M Fife WWC Number 1485
Date 3/28/05