

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

NOV 16 2005

WELL I.D. # L 66040

WATER RESOURCES DEPT

START CARD # 172219

Instructions for completing this report are on the back of this form.

(1) LAND OWNER Well Number _____
Name CITY OF ADRIAN
Address P.O. BOX 226
City ADRIAN State OR Zip 97901

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 225 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
18	0	225	BENTONITE CEMENT	0	15	3200# 9 yds

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 155 ft. to 190 ft. Size of gravel #8-12 SAND
190 225 #20-40 SAND

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8	0	165	.322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	215	225	.322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type WIRE WRAP Material S.S.

From	To	Slot Size	Number	Diameter	Tele. pipe size	Casing	Liner
165	190	.030		8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190	215	.020		8	<input checked="" 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	Drawdown	Drill stem at	Time
150 gpm	32	188	4 hrs

Temperature of water 61 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 MALHEUR
Tax Lot DONATED TO CITY #450 of _____
Township 21 N of 3 Range 46 E or W WM
Section 16 NE 1/4 SE 1/4

Street Address of Well (or nearest address) 1/2 MILE SOUTH ON CLOVER LANE OFF MENDIOLA

(10) STATIC WATER LEVEL
135'8" ft. below land surface. Date 10/18/05
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 135'

From	To	Estimated Flow Rate	SWL
<u>ALL SAND + GRAVELS BELOW 135'</u>			

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	3	
HARD CLAY	3	14	
SAND, SM GRAVEL	14	32	
FINE-COARSE SAND	32	109	
FINE-COARSE SAND, PEA GRAVEL	109	141	
BROWN CLAY	141	153	
BEN CLAY, FINE SAND	153	161	
SAND, GRAVEL	161	180	
FINE SAND, SOFT SANDSTONE	180	183	
FINE-COARSE SAND, PEA GRAVEL	183	221	
BLUE SAND, SANDSTONE	221	225	

Date Started 9-26-05 Completed 10-20-05

(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 1673 Date 11-09-05
Signed Kevin Chantz

(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 1500 Date 11-09-05
Signed [Signature]