

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

MORR
50471

FEB 04 1999

WELL I.D.# L27925

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 102720

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

(1) OWNER: Well Number _____
Name Circle C Farms (1/2 Part of Morrow)
Address 2995 S. 1st St.
City Hermiton State OR Zip 97838

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
19"	0	435	Cement	0	435	300 sacks
12"	435	535				
10"	535	948				

How was seal placed: Method A B C D E
 Other _____
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: 16"	12	435	.375	<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"/>

Final location of shoe(s) _____

(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"/>
						<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	Drawdown	Drill stem at	Time
2000+		948	2 hrs.

Temperature of water 72 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 Morrow Latitude _____ Longitude _____
Township 4N N or S Range 24E E or W. WM. _____
Section 22 NW 1/4 SW 1/4 _____
Tax Lot 109 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1/2 mile west of Tower Road, Boardman, OR 97818

(10) STATIC WATER LEVEL:
58 ft. below land surface. Date 10-28-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 85

From	To	Estimated Flow Rate	SWL
75	155	500	58
183	285	1000	58
625	735	1200	58
920	945	1000+	58

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand	0	3	
Brown basalt	3	20	
Brown & black basalt	20	45	
Black basalt, hard	45	75	
Claystone, soft	75	155	WB
Gray basalt	155	183	
Gray & red basalt	183	285	WB
Claystone	285	400	
Claystone, caving	400	415	
Gray basalt	415	625	
Gray basalt, soft	625	735	WB
Gray basalt, hard	735	920	
Black basalt, broken	920	945	WB
Gray basalt, hard	945	948	

Date started 5-4-98 Completed 10-28-98

(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 Patrick Wallace WWC Number 1218 Date 11-20-98