

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

MORR
50648

WELL I.D. # L 20516
START CARD # ~~1051010664~~

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

(1) OWNER: Well Number 20516
Name SID BRITT
Address 78550 BIG BUTTER CREEK LANE
City ECNO State OR Zip 97826

(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 499'
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
10"	423 499			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Type	Number	Diameter	Material	Tele/pipe size	Casing	Liner
								<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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
3300		499	<input checked="" type="checkbox"/>	1 hr.
3300		399	<input type="checkbox"/>	
3300		299	<input type="checkbox"/>	

Temperature of water 70°F 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: 100766
County MORROW Latitude _____ Longitude _____
Township 1 N or S Range 22 E or W. WM.
Section 23 N/E 1/4 S/E 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
81' ft. below land surface. Date 12-7-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
485'	489'	500 ⁺	81'
489'	498'	3300	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BLACK BASALT	423'	465'	81'
GREY BASALT	465'	485'	
BLK W/BRN SCORIA	485'	489'	
BRN SCORIA	489'	498'	
BLACK BASALT	498'	499'	

RECEIVED

DEC 20 1999

RECEIVED

FEB 10 2000

WATER RESOURCES DEPT.
SALEM, OREGON

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-3-99 Completed 12-7-99

(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.

Signed Rudolf P. Otto WWC Number 1702
Date 12-7-99

(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 Jerry Burch WWC Number 544
Date 12-8-99