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MORR 50821

STATE OF OREGON MAR 15 2001  
WATER SUPPLY WELL REPORT

WELL I.D. # L 41911  
START CARD # 91466

(as required by ORS 537.765)  
Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number \_\_\_\_\_  
Name R D OFFUTT Co  
Address 75906 Threemile Rd  
City Boardman State OR Zip 97818

(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 775 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	48	cement	0	48	40 sds
16	48	493	cement	10	493	40 yds
12	493	775				

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 \_\_\_\_\_

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	16	0	48	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	10	493	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"/>

Final location of shoe(s) 48

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing		Liner	
						Tele/pipe size	_____	_____	_____
						<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"/>
						<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

Yield gal/min	Drawdown	Drill stem at	Time
750+		775	1 hr.

Temperature of water 58° 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 3 N or S Range 24 E or W. WM.  
Section 19 NW 1/4 NW 1/4  
Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
359 ft. below land surface. Date 3-7-01  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
<del>30</del>	40	50	30
122	161	30	82
367	398	500	182
746	754	750	359

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Silt	0	1	
caliche	1	26	
Sandy Tan Clay	26	40	30
Black Basalt	40	58	
Brown Basalt	58	98	
Black Basalt	98	122	
Visicular/Blue Clay	122	161	82
Black Basalt	161	207	
Grey Silt	207	283	
Black Clay	283	367	
Sandy Clay	367	398	182
Tan Clay	398	481	
Black Basalt	481	510	
visicular Basalt	510	552	
Fractured/Blue Clay	552	577	
Visicular	577	595	
Grey Basalt	595	693	
Red Basalt	693	746	
Black Basalt	746	775	359
visicular	775		

Date started 1-9-01 Completed 3-7-01

(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 S. Brown WWC Number 759 Date 3-10-01