

L 61468

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

WELL I.D. # L ~~557778~~
 START CARD # 151944

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

(1) **LAND OWNER** Well Number 1
 Name DOLA DRAKE
 Address 64598 SAND HOLLOW RD
 City HEPPER State OR Zip 97836

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	36	Concrete	0	36	15 SACKS
8"	36	400				

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
8"	+2	36'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Liner: _____

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	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
200+		400'	1 hr.
200		300'	
150		200'	

Temperature of water 56° 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 1S N or S Range 27E E or W. WM.
 Section 30 SE 1/4 5W 1/4
 Tax Lot 1500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 64598 SAND HOLLOW RD

(10) **STATIC WATER LEVEL:**
39 ft. below land surface. Date 10-17-02
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 93'

From	To	Estimated Flow Rate	SWL
93	114	30 gpm	
190	200	30 gpm	
384	394	150+ gpm	

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Soil/clay	0	26'	
Black BASALT	26	93	
Brown Basalt/Tanchat	93	114	
Black	114	136	
Brown Basalt	136	145	
Black	145	190	
Broken Black Basalt	190	200	
Black BASALT	200	384	
Black w/green clay	384	394	
Black	394	400	

RECEIVED

NOV 04 2002

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 10-16-02 Completed 10-17-02

(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 Chad WWC Number 1735 Date 10-18-02

(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 Jay Burel WWC Number 541 Date 10-18-02