

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL ID # L **L70770**

(START CARD) # **168541**

(1) OWNER: Well Number: _____
 Name **The Barnett Est. (Don Hilderbrand)**
 Address **P. O. Box 273**
 City **Wasco** State **OR** Zip **97065**

(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 **142** ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
20"	0	20	Cement	0	20'	18 Sacks	
16"	20'	102'	Cement	0	102'	101 Sacks	
12"	102'	142'					

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"	+1	20'	.250	☒	☐	☒	☐
	12"	+2'	102'	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

 Final location of shoe(s) **102**

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailor ☐ Air ☒ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
180	0%		1 hr.

Temperature of Water **57** Depth Artesian Flow found **128**
 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: **80 to 89**

(9) LOCATION OF WELL by legal description:
 County **Sherman** Latitude **45.60119N** Longitude **120.7062'**
 Township **1N** N or S. Range **17E** E or W. of WM.
 Section **4** **SW** 1/4 **NW** 1/4
 Tax lot **800** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **71025 N. Old Highway**
97, Wasco, Or

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure **24** lb. per square inch. Date **10/06/2005**

(11) WATER BEARING ZONES:
 Depth at which water was first found **80**

From	To	Estimated Flow Rate	SWL
80	89	80	22'
128	133	180	+55.4

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Soil	0	2	
Basalt Hard Gray	2	4	
Rock Fract. Brown	4	15	
Basalt Hard Gray	15	33	
Basalt Fract. Black	33	60	
Basalt Brown Med.	60	64	
Clay Yellow	64	80	
Rock Decomposed Brown W/B	80	89	22
Basalt Hard Gray	89	128	
Basalt Fract. Med. Gray W/B	128		
Flowing		133	
Basalt Hard Gray	133	138	
Basalt Fract. Hard Gray	138	142	

Bottom of well is plugged with a wood plug with bentonite on top of wood and topped with cement. Plug is from 134 to 142 ft.

RECEIVED

NOV 08 2005

**WATER RESOURCES DEPT
 SALEM, OREGON**

Date started **06/30/2005** Completed **10/10/2005**

(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 my best 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 *Charles Austin* WWC Number **790**
 Date **10/28/2005**