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52006

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

WELL I.D. # L 21650
START CARD # W 53491

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

(1) OWNER: Well Number _____
Name Thomas Waliser
Address Rt 1 Box 102
City Walla Walla State WA Zip 99362

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18	Bentonite	0	18	13 sacks
6"	18	134				

How was seal placed: Method A B C D E
 Other Poured
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: 6"	0	108	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	104	134	266	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method SK 11 Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	100	#10	130			<input checked="" type="checkbox"/>	<input type="checkbox"/>
104	134	#7	160			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump	Bailer	Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
12	64		1 hr.

Temperature of water 51° Depth Artesian Flow Found _____
Was a water analysis done? No 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 Umatilla Latitude _____ Longitude _____
Township 5 N or S Range 35 E or W. WM.
Section 2 NE 1/4 NW 1/4
Tax Lot 00200 of _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1023 North Lamb
Milton Freewater OK

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 9-16-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 46'

From	To	Estimated Flow Rate	SWL
46	100	10-12 gpm	21'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Cobbles - Large - Med	0	42	0
Cobbles - small - sand - fine	42	46	0
Cobbles - small - clay - brown	46	102	21'
clay - brown	102	108	21'
clay - gray - cobbles - med	108	134	21'

Date started 8-31-98 Completed 9-16-98

(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 Herald L Harding WWC Number 1598
Date 9-16-98

(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 Mike Harding WWC Number 1639
Date 9-16-98