

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

WELL I.D. # L 18900
 START CARD # 100742

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

(1) OWNER: Well Number _____
 Name RAY WILLIAMS
 Address 49654 UMPIRE RD
 City MULTON FREESTATED State OR Zip 97862

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

HOLE			SEAL			Material	From	To	Sacks or pounds
Diameter	From	To	From	To					
16"	0	130	PTD	0	130	CM			246
12"	130	385							

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"	-2	49	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	+2	330	.25	<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) 330

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
341	371	.125		10"	PIPE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
321	341	.125		10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
500 ±		385	1 hr.

Pump Bailer Air Artesian

Temperature of water 60° 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:
 County umatilla Latitude _____ Longitude _____
 Township 6N N or S Range 34E E or W. WM.
 Section 23 SW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 10-26-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
20'	63'	300	18'
340'	385'	500	18'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
clay	0	20	18'
gravel	20	63	
cemented gravel	63	340	
gravel	340	355	
Brown clay	355	385	

RECEIVED

NOV 05 1998

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9-98 Completed 10-28-98

(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.

WWC Number 1702
 Signed Rusty Otto Date 10-28-98

(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.

WWC Number 544
 Signed Gary Burd Date 10-28-98