

umat MAY 23 2003
53905

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

WATER RESOURCES DEPT WELL I.D. # L 21650
SALEM, OREGON START CARD # W131622

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

(1) OWNER: Well Number _____
Name THOMAS J WALISER
Address 1956 J.D. GEORGE Rd.
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 423 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	neat cement	0	196	4 1/2 yds
8	20	196	neat cement			
6	196	423				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	71	196	.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) 196

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Num	Material	Casing	Liner
					<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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
20	310	310	1 hr.
55	134	300	1
105	240	420	1

Temperature of water 57° 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 5 or S Range 35 or W. WM.
Section 2 NW 1/4 NW 1/4
Tax Lot 00200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1023 NORTH LAMB

(10) STATIC WATER LEVEL:
166 ft. below land surface. Date 7-19-2000
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
296	321	202 gpm	255
327	398	85 gpm	166

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gravel - HARD	130	182	
Med - Basalt	182	198	
SOFT BROWN Basalt	198	224	
HARD Black Basalt	224	252	
Med BROWN Basalt	252	261	
Med Black Basalt	261	296	
SOFT BROWN Basalt	296	312	255
Med Black Basalt - soapstone	312	321	
HARD Black Basalt	321	377	
Fractured Black Basalt	377	380	
Med Black Basalt	380	395	
Fractured Basalt	395	396	166
Fractured BROWN Basalt	396	398	166
HARD Black Basalt	398	406	
Med Black Basalt	406	416	
HARD Black Basalt	416	423	166

Date started 6-30-2000 Completed 7-19-2000
(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 _____
Signed _____ 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.

WWC Number 1639
Signed Mike Harding Date 7-25-2000