

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

WELL I.D. # L 38525
START CARD # 119965

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

(1) OWNER: Well Number _____
Name Jessie Asbeck
Address 1399 South OH Rd.
City Hermiston State OR Zip 97838

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
8"	242 430	N/A			

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:	N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens						
From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

	Pump	Bailer	Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Time	
250+		430	1 hr.	<input type="checkbox"/> Artesian

Temperature of water 58° 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 2N N or S Range 27E E or W. WM.
Section 27 NW 1/4 SW 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 71384 Hwy 207 Echo, OR 97826

(10) STATIC WATER LEVEL:
90 ft. below land surface. Date 8-26-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 355

From	To	Estimated Flow Rate	SWL
355	430	200+	90

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Existing hole	0	238	
Steel in hole	238	242	
Black basalt with green claystone	242	307	
Black basalt	307	355	
Black basalt with green claystone, some white crystals	355	430	WB

Recondition procedure: Set over well to deeper, found steel obstruction on bottom of well. Drilled up steel, deepened to 430ft.

Date started 8-23-00 Completed 8-26-00

(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 1218
Signed Patricia Walker Date 9-13-00