

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.265)

WELL ID. # L
START CARD #

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

(1) LAND OWNER
Name: **TIM COE**
Address: **52215 Record Lane**
City: **MF** State: **OR** Zip: **97862**
Well Number _____

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

| HOLE | | SEAL | | Sacks or pounds | |
|----------|---------|------------|---------|-----------------|-------|
| Diameter | From To | Material | From To | | |
| 8/10" | 0 35 | SILT | 0 35 | 18 | Sacks |
| 10/30" | 42 42 | Cem Gravel | 35 42 | 9 | Sacks |

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: Diameter **6** From **TL** To **120** Gauge **0.280x** Steel Plastic Welded Threaded
Liner: **4 1/2** **110** **155** **324** **6**
Drive Shoe used Inside Outside _____ None _____
Final location of shoes **1201**

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
Screens Type _____ Material _____
From **110** To **155** Slot size **1"** Number **40** Diameter **1"** Tele/pipe size _____ Casing _____ Liner

(8) WELL TESTS: Minimum testing time is 1 hour
Pump _____ Barler _____ S/A _____ Flowing _____
Yield gal/min **80** Drawdown _____ Drill stem at _____ Time _____
_____ hr

Temperature of water **53°** 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 **6** N S Range **35** E W WM
Section _____ 1/4 _____ 1/4 _____
Tax Lot **1100** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **52215 Record Lane MF**

(10) STATIC WATER LEVEL:
33 ft below land surface Date **Aug 1980**
Artesian pressure _____ lb per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **96**

| From | To | Estimated Flow Rate | SWL |
|-----------|------------|---------------------|-----------|
| 96 | 155 | 80 GPM | 33 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|-----------------|------|-----|-----|
| SILT | 0 | 35 | |
| Gravel | 35 | 36 | |
| Cemented Gravel | 35 | 42 | |
| Cemented Gravel | | | |
| Gray SILT | 42 | 85 | |
| Blue clay | 85 | 87 | |
| Cemented Gravel | 87 | 96 | |
| Gray SILT | | | |
| Cemented Gravel | 96 | 155 | 33 |
| BRN SILT | | | |

Created
From Driller Logs
RECEIVED
APR 09 2001
WATER RESOURCES DEPT.
SALEM, OREGON
Date started **Aug 1980** Completed **Aug 1980**

(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.
WVC Number _____ Date _____
Signed _____

(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.
WVC Number **256** Date **Feb 21 2001**
Signed **David Spout**