

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 517.365)

UMAT  
54199

WELL I.D. #1. 32558  
START CARD # 12242

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

(1) LAND OWNER Well Number L 32558

Name PEGGY HELLBERG  
Address 45944 STATE LANE RD  
City MILTON FLEWATER OR Zip 97162

(2) TYPE OF WORK  
 New Well  Reopening  Alteration (specify conditions)  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 200'  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE		SEAL	
Diameter	From To	Material	From To
<u>14"</u>	<u>0</u> <u>18"</u>		
<u>14 3/4"</u>	<u>18"</u> <u>200'</u>	<u>PORT CEMENT</u>	<u>18"</u> <u>200'</u>

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	Plank	Welded	Threaded
Casing <u>10"</u>	<u>198'</u>	<u>2</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive shoe used  Inside  Outside  None  
Final location of shoe(s) 198'

(7) PERFORATION SCREENS:

Perforations Method PLAZMA CUTTER  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/globe size	Casing	Liner
<u>200'</u>	<u>120'</u>	<u>1/2"</u>	<u>480</u>	<u>10"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<u>*12"</u>				<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gain	Drawdown	Drill stem at	Flowing Artesian	Time
<u>300+</u>		<u>200'</u>	<input checked="" type="checkbox"/>	<u>1 hr</u>
<u>300+</u>		<u>100'</u>	<input type="checkbox"/>	

Temperature of water 71°F Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes  No By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Yes  No  
If salty  If muddy  If odor  If colored  If other \_\_\_\_\_  
Depth of strata \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County WASCO Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 6 S Range 34 W Section 14 SW/4 4/4  
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 400 E ROYST OF STATE LANE RD

(10) STATIC WATER LEVEL:  
24' ft. below land surface Date 5-9-01  
Atmospheric pressure \_\_\_\_\_ in. Hg. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWI
<u>120'</u>	<u>190'</u>	<u>300+</u>	<u>24'</u>

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWI
<u>SOIL</u>	<u>0</u>	<u>10'</u>	
<u>GRAVEL</u>	<u>10'</u>	<u>15'</u>	
<u>CEMT GRAVEL</u>	<u>15'</u>	<u>50'</u>	<u>24'</u>
<u>GRAVEL</u>	<u>50'</u>	<u>58'</u>	
<u>CEMT GRAVEL</u>	<u>58'</u>	<u>200'</u>	

RECEIVED

MAY 10 2001

AUG 6 2001

WATER RESOURCES DEPT SALEM, OREGON

Date started 4-10-01 Completed 5-9-01

(Combined) Water Well Constructor Certification:  
I certify that the work performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Misstatements and information reported above are true to the best of my knowledge and belief.

Signed Andy R. O'Neil WWC Number 1702 Date 5-9-01

(Combined) 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 Jerry Burd WWC Number 544 Date 5-9-01