

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 47021

START CARD # 138361

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

(1) LAND OWNER Name Otto Karnels Well Number 1
Address 67122 Star Lane
City La Grande State OK Zip 97850

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	40	Concrete	0	40	1400 # LB's
6"	40	145				

How was seal placed: Method A B C D E
 Other pooured
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: 6"	0	145	12.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	95	145		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 102.15'

(7) PERFORATIONS/SCREENS:

Perforations Method skill saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100'	145'	8"x7"	95	5"	20'	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35	10'		1 hr.

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? no Yes No By whom _____
Did any strata contain water not suitable for intended use? no Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County umatilla Latitude _____ Longitude _____
Township 6 N or S Range 35 E or W. WM.
Section 13c NW 1/4 NW 1/4
Tax Lot 205 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) AT 3 Box 129 T1
WA Hwy Freewater OR 97862

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

(11) WATER BEARING ZONES:
Depth at which water was first found 76'

From	To	Estimated Flow Rate	SWL
95	145	35-50	51

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil - Loess	0	27	0
Clay Brown	27	51	0
gravel - small sandstone	51	75	51
gravel - small	75	95	51
gravel - sm. med clay brown	95	145	51

RECEIVED

JUL 02 2001

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-13-01 Completed 6-25-01

(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 1589
Signed Geoffrey Harding Date 6-25-01