

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

WELL I.D. # L 47080
 START CARD # W138371

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

(1) LAND OWNER Well Number _____
 Name MAE IRENE WALTERS
 Address 84499 WEIS Rd
 City Milton-Freewater State ORE Zip 97862

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bent chips	0	18	16
6	18	125				

How was seal placed: Method A B C D E
 Other Poured

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	Steel	Plastic	Welded	Threaded
Casing	6	1	80	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	5	74	125	120	<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) 80

(7) PERFORATIONS/SCREENS:
 Perforations Method Skill Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
76	125	48/7	200	5		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 25 Drawdown 5 Drill stem at _____ Time 1 hr

Temperature of water 56° 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 or S Range 35 or W. WM.
 Section 25 NW 1/4 SW 1/4
 Tax Lot 01600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 84499 WEIS Rd

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 12-13-01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
45	124	75	45

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil - Rocks	0	12	
Large River Rock	12	41	
Sand + Gravel	41	74	
Gravel	74	124	45
Brown Clay	124	125	

Date started 11-28-01 Completed 12-13-01

(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 1639
 Signed Mike Harding Date 12-13-01