

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

WELL I.D. # L 41955  
START CARD # W138327

(as required by ORS 537.765)

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

**(1) LAND OWNER** Well Number \_\_\_\_\_  
Name Mike Lucy  
Address 51686 StateLine Rd  
City Miller Freewater State OR 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 127 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	20'	Benmix	0	20'	120 lbs
6"	20'	127'				

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

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"	21	74	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	66	127	250	<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) 74

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method Skull Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
66'	127'	1/4 x 7"	312	5"	20"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
25	1'		1 hr.

Temperature of water 58° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? NO  Yes 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 or S Range 35 or W. WM.  
Section 17 SW 1/4 Area 1/4  
Tax Lot 602 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 51686 STATELINE ROAD  
Miller Freewater OR 97862

**(10) STATIC WATER LEVEL:**  
43 ft. below land surface. Date 2-14-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
Depth at which water was first found 75'

From	To	Estimated Flow Rate	SWL
75'	127'	30-35 gpm	43'

**(12) WELL LOG:**  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Loose - Topsoil	0	5	
cobbles - Lg	5	2	0
Clay Brown cobbles - sm	22	30	0
cobbles - med. clay br	30	32	0
cobbles - sm. Fine	32	45	0
cobbles - sm - sand coarse	45	68	0
cobbles - med clay br	68	127	43

**RECEIVED**

MAR 01 2010

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 2-6-02 Completed 2-14-02

**(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.  
Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
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.  
Signed [Signature] WWC Number 1587  
Date 2-14-02

FEB 21 2002

STATE OF OREGON

**WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 41955  
START CARD # W138377

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

**(1) LAND OWNER** Well Number \_\_\_\_\_

Name Mike Locati  
Address 51686 State Line Rd  
City Milton Freewater State OR 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 127 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0'	20'	Best mix	0'	20'	750 # 165
6"	20'	127'				

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:**

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	21'	74'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	5"	66'	127'	250	<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) 74'

**(7) PERFORATIONS/SCREENS:**

Perforations Method Skull Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
66'	127'	1/8" x 7"	312	5"	20'	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
25	1'		1 hr.

Temperature of water 58° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? no  Yes 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  or S Range 35  or W. WM.  
Section 35C SW 1/4 NW 1/4  
Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 83926 Hiway 339  
Milton Freewater OR 97862

**(10) STATIC WATER LEVEL:**  
43 ft. below land surface. Date 2-14-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 75'

From	To	Estimated Flow Rate	SWL
75'	127'	30-35 gpm	43'

**(12) WELL LOG:**

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

Material	From	To	SWL
Loess-Topsail	0	5	0
cobbles-Lg	5	22	0
clay Brown cobbles-sm	22	30	0
cobbles-med-clay Ph.	30	32	0
cobbles-sm. Fine	32	45	0
cobbles-sm - sand coarse	45	68	0
cobbles - med clay Ph.	68	127	43'

Date started 2-6-02 Completed 2-14-02

**(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 Merle Harding Date 2-14-02