

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

JUN 24 2002

WATER RESOURCES DEPT.
 SALEM, OREGON

WELL ID. # L 48726
 START CARD # 140898

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

(1) LAND OWNER Robin Lefore Well Number _____
 Name _____
 Address 1317 Lamb
 City Milton-Freewater 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 850
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6	590	850	Cement	690	730	4 yds

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	Plastic	Welded	Threaded
Casing: 6	592	715	2508	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 715

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
675	695	1/8 x 6	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
450 +		820	1 hr.

Temperature of water 52° 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 N or S Range 35 E E or W. WM.
 Section 35 SE 1/4 SW 1/4
 Tax Lot 2200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) RT 4 BOX 277
M.F., OR 97862

(10) STATIC WATER LEVEL:
184 ft. below land surface. Date 6-17-02
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found N/A

From	To	Estimated Flow Rate	SWL
780	845	450 + 184	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Fractured Basalt	590	845	184
Gray Basalt	845	850	1

well cased from 552
 installed 6" liner
 and worked down to 715
 cemented bottom of liner
 and redrilled to 823
 well casing below liner

Date started 5-18-02 Completed 6-14-02

(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 759
 Signed J. Brown Date 6-18-02