

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

(WELL I.D.)# L 58512

(START CARD) # 149726

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

(1) OWNER: Well Number _____
Name **White Bros. C/o Carol White Kirkman**
Address **304 N. Ninth Ave.**
City **Walla Walla** State **WA** Zip **99362**

(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 **1001** ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
20	0	258	Cement	0	258	429 sacks
16	258	585				
12	585	1001				
13.75	842	878	Cement	840	878	40 sacks

How was seal placed: Method A B C D E
 Other **Bottom seal pumped inside out**
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: 16	+0.5	560	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	+1	879	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) **16"-560', 12"-879'**

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
					Tele/pipe size	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
250	150	680	2.25

Temperature of water **57** 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 **Not allowed**
Depth of strata: **195-842**

(9) LOCATION OF WELL by legal description:
County **Umatilla** Latitude _____ Longitude _____
Township **6** **N** Range **34** **E** WM.
Section **29** **NE** 1/4 **NE** 1/4
Tax Lot **N/A** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **2 miles west of Umapine Hwy. on Troyer Rd.**

(10) STATIC WATER LEVEL:
51 ft. below land surface. Date **9/18/02**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **195**

From	To	Estimated Flow Rate	SWL
195	330	25 gpm	
440	555	50 gpm	
850	872	40 gpm	
886	923	N/A	51'
962	997	200 gpm	51

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SEE ATTACHED SHEET			

RECEIVED
SEP 19 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started **4/2/02** Completed **9/18/02**
(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 *[Signature]* WWC Number **1523**
Date **9-16-02**

(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 **1464**
Date **9-16-02**

