

DEC 20 2002

STATE OF OREGON  
WATER SUPPLY WELL REPORT

WELL I.D. # L 56505  
START CARD # 147813

(as required by ORS 537.765)  
WATER RESOURCES DEPT  
SALEM, OREGON

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

(1) LANDOWNER Well Number \_\_\_\_\_  
Name Jim BLAND  
Address 85621 GRIGGS Road  
City Milton Freewater State ORE Zip 97462

(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 185 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Material		Sacks or pounds	
Diameter	From	To	From	To			
10	0	35	Bentohip	0	35		29
6	35	185					

How was seal placed: Method  A  B  C  D  E  
 Other Poured Bentonite - Dump barrel cement  
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	+1	125	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5	115	185	1120	<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) 125

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
125	185	1/2 x 7	240	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 30 Drawdown 0 Drill stem at \_\_\_\_\_ Time 1 hr.

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 \_\_\_\_\_  
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 SW 1/4 NW 1/4  
Tax Lot 00506 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 85621 GRIGGS Road

(10) STATIC WATER LEVEL:  
26 ft. below land surface. Date 9-17-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 42

From	To	Estimated Flow Rate	SWL
131	179	100	26

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

Material	From	To	SWL
Topsoil	0	20	
Brown Clay	20	37	
Blue Clay	37	42	
Sand + Gravel	42	50	
Sand	50	73	
Brown Clay + Gravel	73	130	
Gravel	130	148	26
Clay + Gravel	148	155	
Gravel	155	179	26
Light Brown Clay Gravel	179	185	

Date started 9-5-02 Completed 9-17-02

(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 Mike Handley WWC Number 1639 Date 9-17-02