

RECEIVED
JUL 25 2003

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

WELL I.D. # L 64582
START CARD # 152980

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

(1) **LAND OWNER**
Name Bob Nash Well Number _____
Address 46271 Best Rd.
City Pendleton State Or Zip 97868

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
13"	0	310	See PREV LOG			
10"	310	580				
			PTD Con	123	110	12 Sacks

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: 10"	+1	123	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input 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) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
600 +		580	<input checked="" type="checkbox"/>	1 hr.
600 +		380	<input type="checkbox"/>	
600 +		280	<input type="checkbox"/>	

Temperature of water 65 Depth Artesian Flow Found 555
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 2 N or S Range 33 E or W. WM.
Section 33 SW 1/4 SW 1/4
Tax Lot 11700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 46271 Best Rd.
Pendleton Or 97801

(10) **STATIC WATER LEVEL:**
_____ ft. below land surface. Date _____
Artesian pressure 1 lb. per square inch Date 7-19-03

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

From	To	Estimated Flow Rate	SWL
360	365	300	8'
390	440	400	8'
510	540	500	8'
555	565	600 +	Flowing

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
Black Basalt	210	338	
Black + Brown Basalt	338	360	
Black + Brown Basalt w/			
Blue clay	360	365	
Black Basalt	365	370	
Black + Brown Basalt	370	390	
Black + Brown Basalt			
w/ Blue Clay	390	440	
Brown Basalt	440	450	
Black Basalt	450	455	
Brown Basalt	455	460	
Black Basalt	460	510	
Black + Brown Basalt w/			
Blue	510	540	
Black + Brown Basalt	540	550	
Brown Basalt w/ Blue Clay	550	555	
Black + Brown Basalt w/			
Blue Clay	555	565	
Black Basalt w/ Blue Clay	565	580	

Date started 6-18-03 Completed 7-7-03

(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 James H McCurdy WWC Number 1700
Date 7-7-03

(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 Larry Burd WWC Number 544
Date 7-7-03