

UMAT 54887
4mat 54887

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 56529
START CARD # W 133847

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

(1) LAND OWNER Well Number 3
Name SHANE DeRuwe
Address 85021 Hudson Bay Road
City Milton Freeewater State ORE 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 220 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 16 | 0 | 40 | 3/4 Bent | 0 | 40 | 41 |
| 10 | 40 | 275 | | | | |

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: 10" | 72 | 220 | 250 | <input checked="" 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) 220

(7) PERFORATIONS/SCREENS:

Perforations Method Mull's Knife
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 135 | 165 | 4x3 | 480 | 10" | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 192 | 215 | 4x3 | 368 | 10" | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|--------|
| 180 | 88 | | 11 hr. |

Temperature of water 58° 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 or S Range 33 or W. WM.
Section 13 SW 1/4 SW 1/4
Tax Lot 310 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Butler Grade Road

(10) STATIC WATER LEVEL:
92 ft. below land surface. Date 7-15-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 92

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 130 | 165 | 100 | 92 |
| 193 | 215 | 100 | 92 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|-----------------------------|------|-----|-----|
| Silted Soil | 0 | 57 | |
| Small to Med Gravel | 57 | 91 | |
| Sand - Some Gravel | 91 | 130 | 92 |
| Gravel - Trace Sand - water | 130 | 165 | 92 |
| Gravel - Brown Clay | 165 | 193 | |
| Gravel - water | 193 | 215 | 92 |
| Brown Clay + Gravel | 215 | 275 | |

Bottom 55' water soaked and swelled shut

RECEIVED

AUG 11 2003

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

AUG 28 2003

WATER RESOURCES DEPT
SALEM, OREGON

Date started 5-24-03 Completed 7-15-03

(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.
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 1639
Signed Mike Harding Date 8-5-03