

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 65803
START CARD # W133857

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

(1) LAND OWNER Well Number _____
Name Jim Whitmore
Address 115 N MAIN Lot 17
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 285 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Packs or pounds
Diameter	From	To	Material	From	To	
15	0	40	Bentonite	0	40	71
10	40	285				

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	+2	290	.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) 280

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	220	3/16	1600	10"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
240	275	3/16	560	10"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
220	50		5 hr.
260	70		3

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 or S Range 35 or W. WM.
Section 15 NW 1/4 SE 1/4
Tax Lot 00400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 85625 TRAILWAY LANE

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 10-9-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	80	20	32
90	103	25	30
137	158	100	30
179	188	106	29
208	248	125	28

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
LARGE Rocks + Soil	0	47	
Brown Clay + Gravel	47	60	
Med Gravel	60	80	32
Gravel + a little Clay	80	90	
Gravel	90	103	30
Med Gravel + Brown Clay	103	137	
Gravel	137	158	30
Clay + Gravel	158	179	
Gravel	179	188	29
Clay + Gravel	188	208	
Gravel	208	248	28
Brown Clay + a little Gravel	248	285	

RECEIVED

OCT 22 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-26-03 Completed 10-10-03

(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 _____ Date _____ WWC Number _____

(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 Harding Date 10-15-03 WWC Number 1639