

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

UMAT 55181 WELL I.D. # L 54984
START CARD # 123784

(1) LAND OWNER Well Number 1
Name Davis orchards
Address 53108 Appleton Rd
City Milton Freewater State OR. 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 350 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20	Beneath	0	20	31 SKS.
8"	20	225	seal	215	225	5 SKS
8"	225	350				

How was seal placed: Method A B C D E
 Other Poured Backside of 8"
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: 8"	0	225	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 215	350			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 225

(7) PERFORATIONS/SCREENS:
 Perforations Method SKILL SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
225	350	1/8"	230			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60	125		1 hr.

Temperature of water 53 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 6N N or S Range 35 or W. W.M.
Section 26 SW 1/4 UW 1/4
Tax Lot 1101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Appleton Rd.

(10) STATIC WATER LEVEL:
52 ft. below land surface. Date May 30, 2004
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 28'

From	To	Estimated Flow Rate	SWL
62	98	50+	10'
225	336	60	52

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Cobbles + Gravel	2	62	10'
Cemented Gravel	62	98	10'
Brown clay	98	121	
Brown Clay Cobble	121	212	
Brown clay & sand	212	216	
Brown clay	216	225	
Brown Clay Cobbles	225	301	52
Large Cobble Cement	301	309	52
Brown clay Cobble	309	336	
Sticky yellow clay	336	346	
Blue clay	346	350	

Date started May 11, 2004 Completed June 29, 2004

(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 Jody Ross WWC Number 1669 Date July 3, 2004

(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 Jody Ross WWC Number 1669 Date July 3, 2004