

WELL I.D. # L _____

(1) LAND OWNER
 Name Dennis Ingram
 Address 505 NE Seventh St
 City Grants Pass State OR Zip 97526
 Well Number ORD 20-A

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

HOLE		SEAL		Sacks or pounds	
Diameter	To	Material	From	To	

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: <u>8"</u>	<u>0</u>	<u>100</u>		<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"/>
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:

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"/>

Perforations Method _____
 Screens Type _____ Material _____

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

Yield gal/min	Drawdown	Drill stem at	Flowing <input type="checkbox"/> Artesian	Time 1 hr.
<u>200</u>			<input type="checkbox"/>	
			<input type="checkbox"/>	

Temperature of water _____ 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 4N N or S Range 27E E or W. WM.
 Section 36 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2400' N + 330' E fr Center Section 36

(10) STATIC WATER LEVEL:
52.16 ft. below land surface. Date 12/10/71
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation 575 +/-

Material	From	To	SWL
<u>The owner's video log in late 1987 disclosed the following mediating info on this well</u>			
<u>Casing to 64'</u>			
<u>Depth 92' due to cave-in</u>			
<u>Water Level 53'</u>			

Date started _____ Completed 1962

SOURCE OF DATA/INFO
Appl. File G-3945
OWRD GW Report No. 23
OWRD well visit sheets
Well Video
COMPILED BY: Down Miller
OWRD hydrogeologist
DATE: 8/25/04